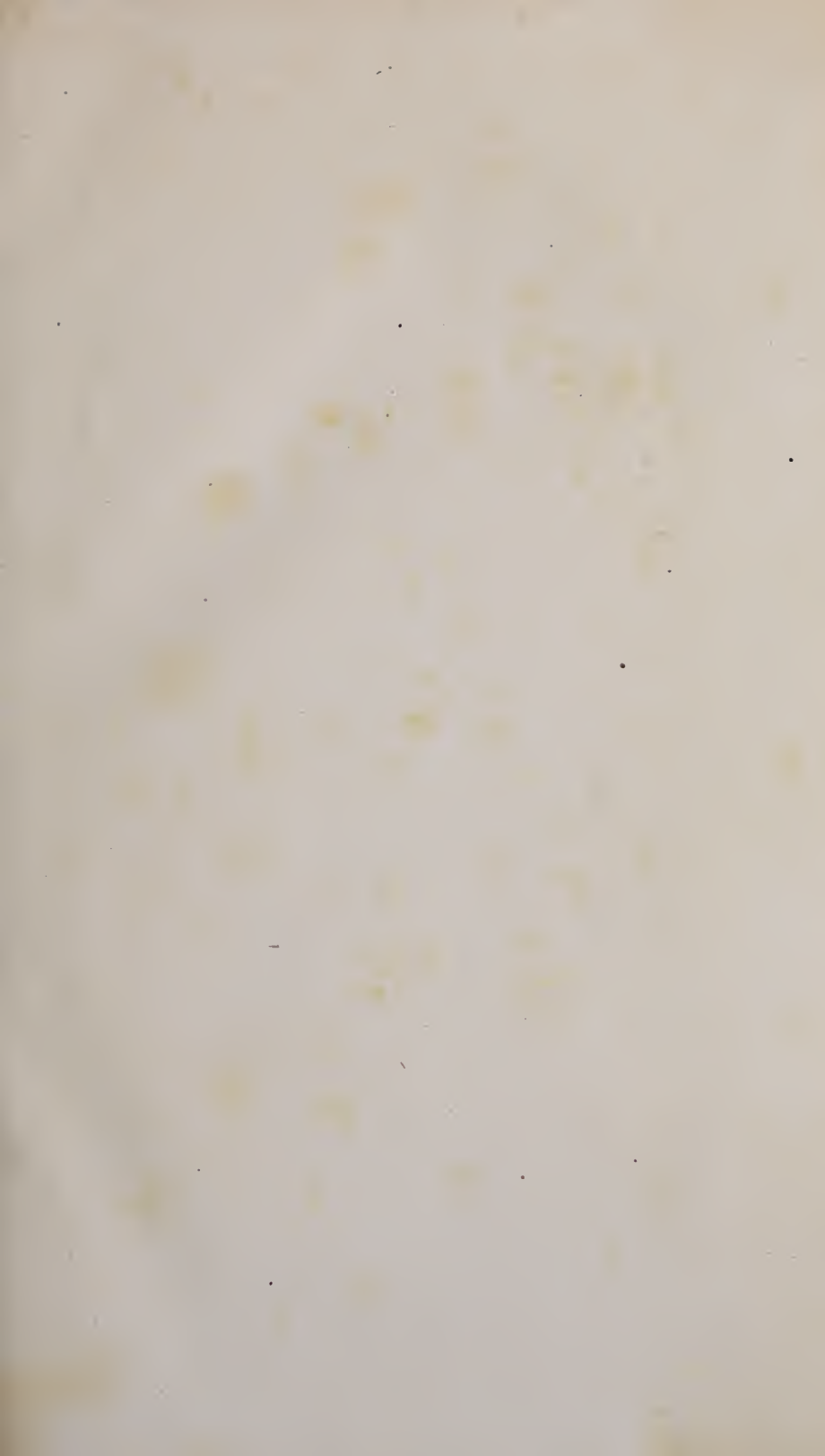




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THE
AMERICAN JOURNAL
OF
INSANITY.

EDITED BY

T. ROMEYN BECK, M. D.,
ONE OF THE MANAGERS OF THE NEW YORK STATE LYCEUM.

VOL. X: 1853---4.

The care of the human mind is the most noble branch of
medicine.—GROTIUS.

UTICA, N. Y. :
STATE LUNATIC ASYLUM.
1854.

BOOKS RECEIVED, &c.

Since our last issue, the following Books and Journals have been received in exchange or otherwise :—

Reports of the Trustees, Steward and Superintendent of the Marine Insane Hospital, for 1853. Augusta, 1854.

Report of the Regents of the Lunatic Asylum to the Legislature of South Carolina, Nov., 1843. Columbus, S. C., 1854.

Reports of the Board of Commissioners and of the Superintendent of the Provincial Lunatic Asylum of New Brunswick, for the year 1853. St. Johns, N. B., 1854.

Report of the Secretary of the Interior, made in compliance with a resolution of the Senate in relation to the United States Insane Asylum in the District of Columbia.

FOREIGN EXCHANGES.

Annales Medico-Psychologiques, Journal de L'alienation mentale et de la medicine legale des alienes. Par M. M., les docterns Baillayer Brierre de Boismont et Cerrsi. Vol. V. October, 1853. Paris.
Bulletin de L'Academie Imperial de Medicine. Tome XIX. Nos. 2, 3, 4, 5, 6, 7, 8, 9, 10.

Gazette Medicale de Paris. Nos. 43 to 53 inclusive. Paris. (No. 46 not received.)

Revue de Therapeutique Medico-Chirurgicale. Nos. 21 to 24, also No. 1, 1854. Paris. Semi-monthly.

Gazette des Hospitaux. No. 124 to 155 inclusive. (No. 148 not received.) Paris.

The London Lancet. Edited by Thomas Wakely, Surgeon. J. N. Bennett, M. D., and T. R. Wakely, Jr., M. R. C. S., sub-editors. Republished in New York by Stringer & Townsend. Jany., Feb. and March.

The Journal of Psychological Medicine and Mental Pathology. Edited by Forbes Winslow, M. D. January, 1854. Quarterly. London.

The Dublin Medical Press. Nos. 780 to 796 inclusive. Weekly. Dublin.

The Dublin Quarterly Journal of Medical Science. Feb., 1854.

AMERICAN EXCHANGES.

- The American Journal of the Medical Sciences. Edited by Isaac Hays, M. D. January, 1854. Philadelphia. Quarterly.
- American Journal of Pharmacy, published by authority of the College of Pharmacy of the city of New York. Edited by Benjamin W. McCready, M. D., assisted by a publishing committee, consisting of John H. Currie, Thomas B. Merrick, Eugene Depuy, Wm. Hegeman and George B. Coggeshall. Bi-monthly. Jan'y, March.
- New York Journal of Medicine and Collateral Sciences. Edited by Samuel S. Purple, M. D., and Stephen Smith, M. D. Bi-monthly. January and March.
- New York Medical Times. Edited by H. D. Bulkley, M. D. New York. January, February and March. Monthly.
- The New York Medical Gazette and Journal of Health. Edited by D. M. Reese, M. D., LL. D. Monthly. Jany., Feb. and March.
- The Scalpel; a Journal of Health adapted to professional and popular Reading, and the Exposure of Quackery. Edited by Edward H. Dixon, M. D. New York. Quarterly. February.
- Boston Medical and Surgical Journal. Edited by J. V. C. Smith, M. D. Boston. Weekly. Nos. 23, 24, 25 and 26. Vol. L., Nos. 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12.
- The Medical Examiner, a Monthly Record of Medical Science. Edited by Samuel L. Hollingsworth, M. D. Philadelphia. Monthly. January, February and March.
- American Medical Monthly. Edited by Edward H. Parker, M. D. New York Monthly. January, February and March.
- Journal of the Franklin Institute of the State of Pennsylvania, for the Promotion of the Mechanic Arts. Edited by John F. Frazer; assisted by the Committee on Publication of the Franklin Institute. Philadelphia. Monthly. January, February and March.
- Medical News and Library. Philadelphia. Monthly. February and March.
- New Orleans Monthly Medical Register. Edited by A. Foster Axon, M. D. Not received.
- New Orleans Medical and Surgical Journal. Edited by D. Dowler, M. D. Bi-Monthly. January and March.
- Charleston Medical Journal and Review. Edited and published by D. J. Cain, M. D., and F. Peyre Porcher, M. D. Charleston, S. C. Bi-Monthly. January and March.
- The Stethoscope and Virginia Medical Gazette; a Monthly Journal of Medicine and the Collateral Sciences. Published by the Medical

- Society of Virginia. Richmond, Va. Monthly. January, February and March.
- Virginia Medical and Surgical Journal. Edited by Geo. A. Otis, M. D. and James B. McCaw. Richmond, Va. Monthly. January, February, March.
- Buffalo Medical Journal and Monthly Review of Medical Sciences.— Edited by Austin Flint, M. D., and S. B. Hunt, M. D. January, February and March.
- Nelson's American Lancet. Edited by Horace Nelson, M. D., and Dr. Alfred Nelson. Plattsburgh, N. Y. January, February.
- The Medical Chronicle and Montreal Monthly Journal of Medicine and Surgery. Edited by W. Wight, M. D., and D. C. McGallum, M. D. Montreal. Monthly. January, February and March.
- New Jersey Medical Reporter, and Transactions of the New-Jersey Medical Society. Edited by S. W. Butler, M. D., Editor, and Joseph Parish, M. D., Associate Editor. Burlington. Monthly. January, February and March.
- New-Hampshire Journal of Medicine. Edited by Geo. H. Hubbard, M. D. January, February, March, 1854. Concord, N. H.
- Worcester Journal of Medicine. Edited by Frank H. Kelly, M. D. Monthly. Worcester, Mass. January, Feb. March.
- Southern Medical and Surgical Journal. Edited by L. A. Dugas, M. D. Augusta, Ga. Monthly. Jany., Feb., March.
- The Southern Journal of the Medical and Physical Sciences, edited by Drs. J. W. King, W. P. Jones, and F. W. Ramsey, in the department of Practical Medicine and Surgery; R. O. Curry, in that of Chemistry and Pharmacy; B. Wood, in Dental Surgery; corresponding editors, R. L. Scruggs, of Louisiana and Thomas Athison, Ky. Nashville, Tenn. January, March. Bi-monthly.
- The Law Reporter. F. R. Ramsay, Esq., Advocate, English Editor. L. S. Morris, Esq., French Editor. Monthly. Montreal, Canada. January, February and March.
- Nashville Journal of Medicine and Surgery. Edited by W. K. Bowling, M. D. assisted by Paul F. Eve, M. D. January, February and March. Monthly.
- Dental News Letter. January. Philadelphia, New York and Boston.
- Quarterly Summary of the Transactions of the College of Physicians of Philadelphia. From November 2, 1853—January 4, 1854, inclusive. Lippincott, Grambo & Co. Philadelphia, 1854.
- St. Louis Medical and Surgical Journal. Edited by Drs. M. L. Linton and W. M. McPheeters, M. D. Jan'y, March. (Feb. not received.)

- Kentucky Medical Recorder. Edited by H. M. Bullitt, M. D., and R. J. Breckenridge, M. D. [New Series.] Louisville, Ky. January, February and March.
- Western Lancet; a monthly Journal of Practical Medicine and Surgery. L. M. Lawson, M. D., and T. Wood, M. D., editors and proprietors. February, March. Cincinnati, 1854. [Jan'y not rec'd.]
- Iowa Medico-Journal. Conducted by the Faculty of the Medical Department of the Iowa University. Keokuk, Iowa. Monthly. January, February.
- The Western Medico-Chirurgical Journal. Edited by J. F. Sandford, M. D. Keokuk, Iowa. (January and November not received.) Bi-monthly.
- The North-Western Medical and Surgical Journal. Edited by W. B. Herrick, M. D., and H. A. Johnson, A. M., M. D. December, January, February, March. Chicago. Monthly.
- The Peninsular Journal of Medicine and the Collateral Sciences.— Edited by E. Andrews, A. M., M. D., Demonstrator of Anatomy in the University of Michigan. Ann Arbor, Michigan. January, February and March.
- The Pennsylvania Journal of Prison Discipline and Philanthropy.— Published quarterly under the direction of the "Philadelphia Society for alleviating the miseries of Public Prisons;" Instituted, 1719.— Philadelphia. January.
- The American Journal of Dental Science. Edited by Chapin A. Harris, M. D., D. D. S., and Alfred A. Blandy, M. D., D. D. S. Philadelphia. Quarterly.
- American Phrenological Journal. New York. Monthly.
- Water Cure Journal. New York. Monthly.
- The New Illustrated Hydropathic Quarterly Review. Vol. 1. No. II. Fowlers & Wells, Publishers, New York. Monthly.
- Philadelphia Medical and Surgical Journal. Edited by James Bryan, A. M., M. D. Vol. II. Nos. 11, 13 and 16. Philadelphia. Semi-monthly.
- Memphis Medical Recorder. Published bi-monthly by the Memphis Medical College. Edited by A. P. Merrill, M. D., and C. T. Quintard, M. D. Jany., March, 1854. Memphis.
- New York Journal of Pharmacy. Edited by Thomas Antisell, M. D., aided by Prof. Torrey, Ed. N. Kent, Chas. Enderlin, M. D., and Benjamin Canavan. Vol. 3. No. 1. January, February and March.
- The Western Journal of Medicine and Surgery. Edited by Lunsford P. Yardell, M. D. Louisville, Ky. Monthly. March. (January not received.)

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A M E R I C A N
JOURNAL OF INSANITY.
FOR JULY, 1853.

ARTICLE I.

INSTITUTIONS FOR THE INSANE IN PRUSSIA,
AUSTRIA AND GERMANY.*—BY PLINY EARLE,
M. D., late Physician to the Bloomingdale Asylum for
the Insane, New-York.

GERMANY. (*Continued.*)

ASYLUM AT ZWIEFALTEN.

The Zwiefalten Asylum for incurables, said to be the best establishment of the kind in Germany, was first organised, by placing a physician at its head, about the year 1839. It has apartments for one hundred and fifty patients. It is under the inspection of the Minister of the Interior, through a Royal Commission of Inspection. Dr. Schæffer, Aulic Counsellor, is its present superintendent. According to the statute, he is permitted to practice in Zwiefalten and its vicinity. The steward is the second officer. An assistant physician is permitted, if necessary. A Protestant and a Catholic chaplain are connected with the institution, but are not residents in the

* Concluded from p. 364, vol. ix.

house. The supervisor of the men's department performs the duties of house-surgeon. Patients are admitted according to their pecuniary ability, at 365, 250, or 150 florins per annum. If, however, they are wholly or principally dependent upon public charity, the charge is but 100 florins. Board always to be paid quarterly, in advance. In his report for 1846, Dr Zeller remarks that as Zwiefalten Asylum was full, he had been obliged to receive incurables at Winnenthal. He consequently recommends the foundation of a third institution.

HEIMBACH.

Drs. Adolph and Frederick Stimmel are the proprietors of a private establishment in the valley of Heimbach, two or three English miles from Esslingen. The building was formerly occupied as a hydropathic Hospital, and is well supplied with spring water and convenient arrangements for bathing. It is eighty feet above the general level of the valley, in the midst of a region of vineyards, and immediately surrounded by a tasteful garden, six acres in extent, belonging to the proprietors of the Asylum. Esslingen is connected with Stuttgart by a railroad.

4. HANOVER.

INSTITUTION AT HILDESHEIM.

The Royal Asylum for the Insane in the Kingdom of Hanover, is at Hildesheim, a few miles from the city of Hanover, whence it may be reached by railroad. The institution includes three distinct establishments, one for curables of both sexes, and one for the incurables of either sex.

The hospital for curables is the monastery of St Michael, which was granted to the Benedictines, in A.D. 1001, by Bishop Bernward, the Chancellor of the Emperor Otto the Third. It stands upon an elevation, within, but adjacent to the city walls, and from its windows commands an extensive and diversified prospect including the distant towers of Hanover. The dwellings of citizens are in its immediate neighborhood, but, upon one side, it has gardens several acres in extent. The high priced boarders occupy special apartments. All others are associated in sections of from four to twenty persons, there being a day-room and a dormitory for each section. The rooms are generally large, and upon both sides of the corridors. They are heated by earthen stoves or furnaces. The windows are guarded externally by iron bars. Some of the patients have feather beds, others have mattresses of horse-hair or wool.

This establishment can accommodate two hundred patients, and is now nearly full. Foreigners are not admitted. The prices are 90, 150, and 200 thalers per annum, clothing inclusive in the first two classes. Payment, six months in advance, is required.

The superintendent, Dr Bergmann, receives a salary of two thousand thalers, with the perquisite of rooms for some pay patients. He is a prominent advocate of the doctrines of the Somatics. The following extract from his writings will give an idea of his views respecting the treatment of Insanity.

“The management of the Insane should be generally conducted upon the principles of education. The work is truly onerous, and requires patience and perseverance, not to force, but attempt to lead them to the moral law and to order, by continual habit and example, by mildness and love, admonition and exhortation, praise and

condemnation, reward and restriction. The awakening of their sense of honor and confidence in their own strength, the shewing to them, by example, the value of self-control, of moral power and religious confidence; the exciting of fear and hope; endeavors to direct and fix their attention upon particular subjects; variety of occupation, intercourse and amusements;—these are the general principles upon which such an education should be prosecuted.”

Much reliance is placed upon baths. They are used in all their forms, both simple and medicated. Cold water is employed in the neuroses, as head-ache, tic-douloureux, sciatica, sleeplessness, hypochondria, hysteria and general atony. Here, for the first time in an institution of the kind, I saw an apparatus for the vapor-bath. The flexible hose is also used, as at Berlin, Illenau and other places, for applying the douche, or the shower affusions upon the head, when the patient is in the warm or tepid bath. Venesection is rarely practised, but cups are sometimes applied to the back of the neck. Very little opium or other narcotic is given. Antimony is employed as a nauseant in cases of high excitement, and externally to produce ulcers upon the scalp. Aconite and senega are prescribed in paralysie générale. Upon being asked if he had ever succeeded in effecting a cure in this disease, Dr. Bergmann answered, “I think I have. But,” he added, “if mental disorder accompany the disease, cures are very rare.” Beer is the daily drink of some classes of the patients, and the use of tobacco is permitted.

The high cloister, upon one side of the courts, has been converted into a dark, or rather a very dimly lighted room, for the isolation of violent patients. The jacket and chair are used for restraint. The latter is of the usual German form, but its back may be inclined, per-

mitting the occupant to repose; and a shelf slides in, over the knees, answering the double purpose of a table and additional security. The patient is also fastened in his place by a belt passing around his waist.

Employment is an important part of the moral treatment; and there are shops for shoemakers, tailors, and cabinet makers, for the weaving of linen and the manufacture of straw mats and chairs. This straw work has great reputation and a ready market. The women sew, knit, spin, embroider, and assist in the domestic labors. Draughts, dominoes, cards, ninepins, billiards, theatrical performances and concerts furnish amusement and entertainment. The educated patients are furnished with books; and, to some extent, instruction is given in reading, writing, arithmetic, drawing and music. There are several pianoes, and other stringed as well as wind-instruments. The chapel is supplied with an organ, and religious services are regularly performed. This apartment is remarkable for its sculptures in alto relievo of Scriptural scenes. They were made in the fourteenth century.

The patients are supplied with pamphlets, compiled by the officers and printed by the inmates of the institution, and containing "rules for a happy life" and "words of consolation" adapted to their condition. The following extracts give a correct impression of their general character.

"Be not too rapid; the race-horse is overthrown, but the patient camel arrives, by steps, at the goal."

"To do no evil is well; to think no evil is better."

"That which is born must die; that which dies will be born again."

"Our sufferings must often appear to us as warnings from Heaven."

"Among the most beautiful things of this world, are the starry heavens above us and the sense of duty within us."

"Man, enjoy thy life as if thou must leave it to-morrow; be prudent of it, as if thou shouldst remain here forever."

"Be moderate in the enjoyment of all pleasures.—Make not to thyself many necessities."

"Strive, as much as possible, after moral contentment and a quiet conscience."

"Let truthfulness and probity accompany thee to thy grave, and deviate not a finger's breadth from the path of godliness."

"Arouse, O, my soul! when the stars are hidden, when the howling tempest and the darkness of night are around thee, learn to be a light unto thyself."

In 1841, 92 patients were admitted, 37 cured, 16 removed to the Asylum for incurables, and 12 died.

STATISTICS,

From January 1st, 1842, to December 31st, 1845.

	Men.	Women.	Total.
Patients, on the 1st of January 1842,....	140	91	231
Admitted, in four years,.....	180	129	309
Whole number,.....	320	220	540
Discharged cured,.....	73	68	141
" Improved,.....	5	1	6
Transferred to incurables,.....	72	38	110
Died,.....	32	19	51
Remaining, December 31, 1845,.....	138	94	232

These statistics are combined from four reports. In that for 1842, a distinction is made between the cured and the improved, but in the other three, all who left the institution, excepting those who were transferred to the incurables, are included under the head "discharged."

As, undoubtedly most of them were "cured," I have so placed them; but the method of reporting alluded to is inconsistent with Dr. Bergmann's character for minuteness and accuracy of investigation and observation.

Of six hundred and sixteen cases, admitted in the course of ten years, seventy-eight—in seventy-two men and six women—were caused by the intemperate use of intoxicating liquors. Some of them were delirium tremens. One case of this kind is reported as cured in 1842.

Not the least entertaining or useful part of my time in Hildesheim was that which I passed with Dr. Bergmann, in his studio. The Doctor is a good specimen of the German professional savant,—one who did not think himself emancipated from books—and particularly the broad volume of nature—the moment he received his diploma, but who studies onward and onward, through life's seasons of flowers and of fruit, into the hoary frosts of its later autumn, as if the terrors of the "green-box" were continually before him; one who appears to have read every thing and whose retentive memory preserves all that is valuable, so arranged in the great storehouse of the mind, that any item may be brought forth immediately, how sudden or unexpected soever the exigency. He was at his table, writing, when I entered; with his books, in various languages around him. He showed me some of the results of his labors, in a vast accumulation of manuscripts bound into perhaps seventy ample volumes. Many of the subjects discussed in them are illustrated by numerous well-executed drawings, also by his hand. Among these are diagrams of the forms, upon horizontal section, of the crania of a large number of persons, both sane and insane, which he has measured. He exhibited specimens of the concretions in the pineal gland and the choroid

plexus. He considers the presence of the latter essential to a normal mental condition, in adults; having never failed of finding it excepting in the brains of imbeciles. I examined these concretions in some dried specimens of the plexus. Under an ordinary magnifying glass they appeared like sand in extremely minute globules, but with a microscope of higher power they assumed the exact similitude of pearls, of about one-eighth of an inch in diameter. Those of the pineal gland bore a striking resemblance to the brown, crystalized, "rock" candy.

Dr. Bergmann has contributed various articles to the *Journal for Psychiatrie*. Among them are, "Report of a case of Homicide caused by hallucinations," and a "Case of mania metastatica"—proceeding from the heart—in volume first; "Remarks upon Insanity caused by disappointed love"—an interesting essay, including several cases—in volume third, and "Autobiography of the Insane" in volume fifth.

ASYLUM FOR INCURABLE MEN.

The St. Magdalen Convent of the Sisters of Penitence was converted into an Asylum for the Insane, and opened at the commencement of the year 1833. Patients were transferred to it from the prison at Celle. It is within, but adjacent to the walls of the city, perhaps one hundred rods from the institution for curables. It is now occupied by incurable men, but has a Secundar-Physician. There are accommodations for two hundred patients. The present number is one hundred and eighty-three, and that of attendants fifteen. They sleep, with the exceptions hereafter mentioned, in associated dormitories, and each section has a common day-room. Part of the bedsteads are iron, part low, plank bunks. In the rooms for the violent they are placed each over a stone

with a concave surface, and an aperture in the centre which leads into a sewer. The aperture may be stopped by an iron ball attached to a chain which, at its opposite extremity, is fixed to the floor or the wall. The beds are mostly of straw. The windows are guarded on the outside by iron bars. There are no special arrangements for ventilation, as was but too evident in some parts of the establishment. In the upper story there is a suite of rooms, very comfortably furnished, for pay-patients.

Many of the inmates work. They assist in the domestic duties, and manufacture straw mats and chairs. They are permitted to smoke, and are furnished with beer, at dinner, on the Sabbath. Music and card playing are their chief amusements. They attend no religious services. About twenty of the patients are epileptics.

STATISTICS,

From January 1st, 1843, to December 31st, 1845.

	Men.	Women.	Total.
Patients, on the first of January 1843,...	128	102	230
Admitted in three years,.....	7	3	10
Received from the curative hospital,....	60	30	90
Whole number,.....	195	135	330
Discharged,.....	2	3	5
Died,.....	61	31	92
Remaining, December 31, 1845,.....	132	101	233

Of thirty-three who died in 1842, ten were epileptics.

ASYLUM FOR INCURABLE WOMEN.

The establishment for incurable women is without the city walls, near the rail-road station. It is of recent origin, having been opened on the first of January of the present year, (1849.) It was intended for one hundred and eighty patients. The present number is one hundred and sixty. They are under the immediate care of twelve

attendants. It stands upon low, level, marshy ground, and is surrounded, excepting in front, by a moat or ditch filled with stagnant water, the surface of which is ornamented with a thick, slimy, green scum. If the Kingdom of Hanover is to have many more institutions for the insane, it is to be hoped that such sites are scarce within its limits.

The building is of the H form, two stories in height, without basement rooms, and it might almost be added, without basement. The two parallel portions have corridors extending lengthwise upon the inner side, and are occupied by patients—excepting that, in the front extremity of one of them is the residence of the steward. The kitchen and storerooms are in the lower story of the connecting wing. Above them are handsomely furnished apartments for pay-patients. The space back of this wing, limited by a wall running between the rear extremities of the parallel buildings, is the only airing-court for the patients. The floors of the corridors are of cement, those of some of the rooms, asphaltum, of others, wood. The window sashes are wooden, each in four compartments, opening on hinges, and fastened, when closed, by a turn-latch moved by a tube-key which is kept by the attendant. None of the windows are protected internally. Those of the second story are guarded on the outside, by light iron grates corresponding with the sash. Earthen stoves are used for heating the apartments. Doors and windows are the only channels for ventilation, except in the water-closets. A large pipe ascending from each of these communicates with the external air. The corridors are lighted, at night, by handsome suspension lamps.

The two parallel edifices are divided into small wards, or departments for from eight to fifteen patients. Each department has a day-room, used also as a dining-room,

in the middle, a dormitory upon one side, and a wash-room and a water-closet on the other. The bedsteads are iron. Table furniture and clothes are kept in wooden cupboards and closets standing in the rooms and the corridors. The ordinary means of restraint for the arms is a garment hybrid between the camisole and the strait-jacket. Three straps surround the body,—one immediately beneath the shoulders, one at the waist, and the third at the hips. To these the sleeves are firmly attached; being connected, at the shoulder, to a strap which surrounds the neck. A brace passes obliquely, on either side, from near the middle of the neck-strap, in front, to the sleeve. Some of these jackets are made of leather, others of cloth. The wearer's arms, as it will be perceived, are fixed perpendicularly against his sides. The coercion-chairs are made of plank, and the patient is confined in them by two leathern straps for each leg, below the knee, one for each arm, above the elbow, and a wide one around the waist.

Many of the patients were knitting, sewing and spinning. The whole establishment was in excellent order. It is a great pity, however, that its founder was not blessed by a vision similar to that of St. Bernard de Clairvaux, at Eberbach,—but the animals should have run *up* hill—it would have been impossible for them to run *down*.

5. GRAND DUCHY OF BADEN.

Such of the insane of the Grand Duchy of Baden as it was necessary to isolate in some public receptacle, were for many years kept in a department of the almshouse at Pforzheim. As the numbers increased, and the necessity of providing them with better accommodations and greater facilities for restorative treatment became acknowledged, they were transferred, in 1826, to the buildings of the Jesuiten-konvikt, in Heidelberg. The architectural arrangement of this old establishment was such that a suitable classification was impossible. The grounds were limited, and the house soon became uncomfortably crowded. Hence in 1829 and 1830, sixty of the incurables were carried back to Pforzheim. Even in 1827, the dissatisfaction with the building at Heidelberg was such that measures were taken for procuring another. As no suitable edifice already constructed could be procured, the government decided in 1829, to erect one. For several years no active measures were taken for the prosecution of the enterprise, other than the appointment of Commissioners to select a site. In 1835, they reported in favor of a place near the town of Achern. Hereupon, the Medical Faculties of the Universities at Heidelberg and Freiburg memorialized the Legislative Chambers, opposing the plan of the Commissioners and advocating the establishment of two institutions, one at each of the cities mentioned, in order that the medical students might enjoy the benefits of clinical instruction in mental diseases. This proposition did not prevail. The Chambers voted the necessary funds, and the site proposed was purchased in 1836. The design of the buildings was made by Dr. Roller, of the Asylum

at Heidelberg, assisted by an architect. Some of the disconnected dwellings for employès were commenced in 1836. In 1839, the corner-stone of the principal edifice was laid, and the whole was completed and opened for patients in 1842. Its cost was nearly five hundred thousand guldens. The institution received the appellation *Illenau*.

The government authorities of Baden, the Duke and the Chambers, appear to have taken some interest in the subject of insanity ; which is more than can be said of all the sovereign powers of central Europe. A very beneficent statute has been enacted for the purpose of hastening the removal of the insane poor to the Asylum. The expenses of this class are, as a general rule, divided between the Ducal government and the communes. By the provisions of this Act, the former assumes the whole expense during a period of six months, provided the patient be removed to Illenau within six months from the time of the first appearance of the mental disorder.

One of the Supervisors in the department for the men, at Illenau, has received from the Duke a silver medal as a testimony of the appreciation, on the part of the latter, of long-continued and faithful services. The Supervisor had been engaged in the business of guarding the insane, at Pforzheim, Heidelberg and Illenau, during an uninterrupted period of twenty years.

Another wise and humane act of the government is that of having provided for the support, partially or wholly, by pensions, of such attendants as shall have faithfully performed their duties for a certain number of years.

ILLENAU.

Achern, a village of two thousand inhabitants, is in the valley of the Rhine, on the route by rail-road from Baden-Baden to Strasbourg. The country around it is an extensive plain, limited, on the east, by the Schwarzwald Mountains. Upon this plain, half a mile from the village, stands the Illenau Hospital for curable and incurable Insane. It is so extensive, and its roof so broken by the numerous pavilions which rise one story higher than the rest of the building, that a stranger approaching it without a knowledge of its destination, might easily mistake it for a village. Its general plan is that of two linear buildings between seven and eight hundred feet in length, one of them interrupted in the middle by an open space of about one hundred feet. They are parallel to each other, about two hundred and fifty feet asunder, and joined by four intervening wings, two on the right and two on the left hand of the middle. There are some minor additions to this, not easily described.

Internally, the architectural construction is such as to make ten distinct departments for each sex; thus furnishing ample scope for an appropriate classification. Each department, with a single exception for either sex, has a garden or airing court for its occupants. The whole establishment was intended for four hundred patients, but its present number is four hundred and thirty. Excepting the high-priced boarders, they lodge in dormitories of from eight to twenty beds, and always accompanied by an attendant. Some of the dormitories are heated; in which case the stove and the bed of the attendant are within a latticed enclosure. The Russian air-tight stove is used in nearly all parts of the building. These are supplied with fuel from the corridors. The beds are of

horse-hair. Part of the upper sash of some of the windows is so arranged as to be let forward at the top, leaving a space for the admission of air. The apartments of each high-priced "boarder" is furnished with a bed, four chairs, a sofa, a pier table, a wash-stand, window-hangings, and, for the men, a writing-table and bookshelves, for the women, a work-table. Pictures are suspended on the walls in nearly all the departments.

Illenau has four Medical Officers, the Superintendent Dr. Roller; Second Physician, Dr. Hergt; Third Physician, Dr. Fischer, and Assistant-Physician, Dr. Zandt. The salary of the Superintendent is 2,200 florins, that of the Second Physician 1,400, and of the Third Physician 1,000 florins, without dwelling, fuel or lights. According to the Statutes relating to the institution, "A Commissioner of the Minister of the Interior and a member of the Health Commission must make at least one visit of inspection (to it) annually." This provision is hardly followed to the letter, since, as I was informed, no such visit has been made for several years. Dr. Roller, however, reports its condition to the government. Although intended for incurables as well as curables, yet cretins, idiots, cases of abject imbecility, persons in whom the epilepsy preceded the mental disorder, and the insane who have cancer or secondary syphilis are rejected. If isolation become necessary for these, they are sent to Pforzheim. In fact, no incurable person is received at Illenau, unless he be dangerous or devoid of the means of support.

The "boarders," so called, pay six hundred florins per annum, if natives of the Duchy; seven hundred and fifty if foreigners. Patients of the first class pay four hundred and five hundred florins, according as they are natives or foreigners; in the second class two hundred and forty,

and in the third one hundred and sixty florins. The paupers are clothed by the Institution but are not dressed in uniform.

There are now nearly eighty attendants, exclusive of the supervisors. They receive three hundred florins each, annually, but are charged one hundred and thirty florins for board and washing. They are always taken, at first, upon trial, and at lower wages, and permanently hired only when they have proved themselves properly qualified for the performance of their peculiar duties. Some of them are married, their families living in dwellings erected for the purpose upon the premises. They, as well as the supervisors, are punishable, in some cases of delinquency or mal-conduct, by pecuniary fines.

The printed rules for general observance, and those which are specially applicable to the supervisors and the attendants, form the most complete *code* of the kind with which I am acquainted. They fill upwards of a hundred duodecimo pages, and contain detailed instructions in regard to baths, poultices, blisters, leeching, cupping,—in short every branch of the curative treatment the duties of which belong, in whole or in part, to the attendant

Ample provision is made for bathing, which performs an important rôle in the restorative treatment. The douche is but little used, as it is thought, in some cases, to increase the excitement. In acute mania, the patient is kept in the tepid bath three, four, six and sometimes even eight consecutive hours, his head being wet, from time to time, with cold water applied by a showering apparatus upon the extremity of a flexible tube. There is an artificial pond upon the farm, in which the men are permitted to bathe during the warm season. Venesection is never practised unless there be congestion, or some acute inflammation, as pleuritis or pneumonia. In mania, Dr.

Roller thinks that bleeding is likely to increase rather than to diminish excitability. Opiates in large doses have been used with benefit, in both mania and melancholia. Antimony and digitalis are employed to some extent. Convalescents are not removed to a separate department. It is thought to be better for them to remain with the other patients.

Many of the patients admitted were suffering under paralysie générale. They are treated with nitric acid and other tonics. Some benefit has also been derived from aconite. Dr. Roller has never known an instance of recovery where, upon admission, the patient exhibited the decidedly characteristic symptoms of the malady. Some cases supposed, at first, to be this form of paralysis, have been cured.

The camisole and the "coercion-chair," with attached straps for confining the limbs, are employed in effecting bodily restraint.

Dr. Roller belongs to the Somatic School, believing that the mental disturbance, in insanity, originates from, and is merely a symptom of, some lesion of the encephalon. Yet he gives to moral treatment the pre-eminence, on the ground that, from the reciprocal action of the mind and body, wholesome action upon the former is transferred, with curative influence, to the latter. I quote some of his remarks upon labor.

"Employment of the patients, when ordered by the physician, is an important curative means;—only a means, never an object. The institution must never be made a work-house. Its usefulness must not be measured by the quantity of labor performed. Among the various kinds of work, that of the garden and field, applicable to both sexes, is the most evidently useful. It is a pleasure to see the patients of Illenau going in numerous par-

ties to the fields, where they hoe, weed or harvest, according to the season. The exercise in the fresh air, the distraction from their delusions, the consciousness that they are working together for their mutual good, the pleasure of resuming a former agreeable employment, or the interest awakened in those who have never before learned to till the soil, the companionship permitted by the nature of the work, its simplicity, whence it may be performed without minute attention, —all contribute to place it in the first rank for these patients.”

There are, however, work-shops for tailors, shoemakers, saddlers, book-binders, turners, joiners, waggon-makers, coopers, locksmiths and blacksmiths. The preparation of vegetables and the work of the laundry furnish employment to a large number. They are not, however, permitted to go into the kitchen. Some of the women prepare horsehair for mattresses, braid straw, spin and weave; and the knitting and sewing for so large an establishment gives occupation to many.

Schools have been established, but they are not continued throughout the year. They are under the charge of the chaplains and one of the female supervisors. The elementary branches, reading, writing, arithmetic and geography are taught. Some of the patients study botany under the instruction of the Assistant Physician. There is a commodious chapel supplied with an organ, in the buildings. Religious services, both protestant and catholic, are regularly performed.

Music, as in most of the German Asylums, is one of the principal sources of entertainment. The patients have the use of at least six piano-fortes, and a teacher of music is constantly employed. Concerts and festive parties are

given in a large saloon constructed for the purpose. This looked, on the morning of my visit, like

“Some banquet hall deserted,
Whose lights are fled,
Whose garlands ———”

no, they were not “dead,” but still hung in gay festoons, and wreaths of flowers, and leaves, and branchlets, as fresh as if just from their homes in the garden and the grove. It was unnecessary that I should be informed that the preceding day had been a holiday at Illenau. It was the natal anniversary of the Grand Duke, and I had seen, at Carlsruhe, and Baden-Baden, and even around Radstadt, rebellious and but recently fallen Radstadt, the apparently joyous outpourings of loyalty.

Christmas is annually observed at Illenau, by giving a general festa for the inmates. A “Christmas tree” honors the occasion by its presence, laden with a present for each and every person, whether employer, employed or patient, throughout the establishment. Bagatelle and other games are sources of amusement within doors; and in the gardens there are two bowling alleys and various implements for gymnastic exercise. The patients, suitably attended, are permitted to walk in the neighborhood, and sometimes to make long excursions.

STATISTICS

From the time of opening, in 1842, to the close of 1845.

	Men.	Women.	Total.
Transferred—			
From Heidelberg and Pforzheim, in 1842, }	169	122	291
Admitted, in the course of the period,.....	213	192	405
Whole number,.....	382	314	696
Discharged cured,.....	69	42	111
“ Improved,.....	54	31	85
“ Unimproved,.....	10	12	22
Died,.....	40	37	77
Remaining, Dec. 31, 1845,.....	209	192	401

A large proportion of the patients from Heidelberg and Pforzheim, as well as of those subsequently admitted, were incurable. Some of those discharged improved, are said to have recovered, afterwards.

I have neglected to mention that the farm belonging to the institution contains about forty-three acres. In 1847, the current expenses of the whole establishment were about one hundred and twenty thousand florins.

Dr. Roller is the author of a work upon the Principles for the Construction of new Institutions for the Insane.* An interesting case of Melancholia is reported in detail, by Dr. Hergt, in the third volume of the *Journal für Psychiatrie*. Dr. Fischer has contributed several valuable essays to the same publication. Among them is one upon "The ear-bloodswelling, (*erysipelas auriculæ*,) or Otitis of the Insane," in the fifth volume. It is illustrated by colored plates.

* * Grundsätze für Einrichtung neuer Irrenanstalten, insbesondere der Heil- und Pflegeanstalt bei Achern im Grossherzogthume Baden. Von C. F. W. Roller. Carlsruhe, 1838.

6. MECHLENBURG-SCHWERIN.

SACHSENBERG.

The insane of Mechlenburg-Schwerin were formerly kept in a department of the prison at Doemitz. About the year 1820, the Grand Duke became so much interested in one of the patients that his attention was led to the general condition of the insane within his dominions. He commissioned Dr. Kloss to investigate and report upon the subject, and this resulted in the foundation of the institution of Sachsenberg. The building, designed by the superintendent, Dr. Flemming, was opened for the reception of patients at the commencement of the year 1830, and fifty incurables were immediately transferred to it from Doemitz. It is upon a small hill, a mile or more from the city of Schwerin, and is immediately surrounded by its farm of seventy-five acres of productive land. Although much larger than the Asylum at Frankford, Pennsylvania, its model is almost identical with that. It is of the linear form, and consists of a central building three stories in height, and two symmetrical wings of two stories, each terminating in a pavilion of three stories, all exclusive of the basement.

The officers, the high-priced boarders and some of the convalescents occupy the central edifice. In this department each patient has two well furnished rooms, a parlor and a dormitory,—and a special attendant. The medium classes are in the wings, where the rooms contain from two to twenty beds each. In each wing there is also an infirmary consisting of two rooms and a small adjacent kitchen. The corridors are next to the outer wall. Most of the bedsteads are iron. The patient may

bring his own bed. The tables of all excepting the violent patients are supplied with knives and forks.

In 1843, when there were about two hundred patients, the number of attendants was eighteen. Each one is furnished with a printed series, in twenty sections, of rules and regulations by which their conduct and the management of the patients are to be governed. Some delinquencies, on their part, are punishable by pecuniary forfeits. The money accumulated from this source is expended in the remuneration of faithful attendants whose clothes or other property may have been destroyed or impaired by the patients. If, through want of watchfulness, a patient should escape or destroy property, the expense of retaking the patient or of replacing the property is deducted from the wages of the attendant.

Dr. Flemming espouses the doctrines of the Somatic school, believing that the primary seat of insanity is not in the mind, or the soul; in short, that the moral being, in its intimate nature and essence, is but little if any more affected in this than in other physical diseases. He considers restraint of the body or limbs as but a transient palliative, and resorts to it as little as he believes to be compatible with the best interests of the patients. The means employed for this object are the jacket, muffs and the strong chair. The chaplain to the institution formerly resided in the building, but as he did not esteem his regular services useful, he requested and received permission to live in Schwerin.

STATISTICS,

From January 1st, 1841, to December 31st, 1845.

	Men.	Women.	Total.
Patients Jan. 1, 1841	99	80	179
Admitted in 5 years, ...	122	112	234
Whole number, ...	221	192	413
Discharged, cured.....	37	50	87
“ not cured,.....	25	28	53
Died, ...	44	19	63
Remaining Dec. 31, 1845	115	95	210

STATISTICS,

From January 1st, 1847, to December 31st, 1848.

	Men.	Women.	Total.
Patients Jan. 1, 1847	126	94	220
Admitted in two years, ...	71	64	135
Whole number, ...	197	158	355
Discharged, cured,.....	28	22	50
“ not cured, ...	10	10	20
Died, ...	15	13	28
Remaining, Dec. 31, 1848, ...	144	113	257

The subjoined calculations refer to the first series of cases, those of the term ending with the year 1845.

Of cases—

Under 3 mos. duration	66,	of which	44	or	66.7	per cent	were	cured.
From 3 to 6	“	50,	“	20	or	40	“	“
“ 6 to 9	“	16,	“	7	or	43.7	“	“
“ 9 to 12	“	12,	“	4	or	33.3	“	“
“ 12 to 18	“	9,	“	1	or	11.1	“	“
Over 18	“	57,	“	3	or	5.3	“	“

It is intended that the Asylum shall be, as nearly as possible, an independent, self-sustaining establishment, performing its own labor and producing its articles of consumption. Hence it has a brewery, bake-house, butcher's-stall, barn, &c. In the laundry there is an apparatus for washing by steam and soda. The work is said to be performed much better than by the ordinary method, and with a very great saving of labor and time.

A department for incurables, making Sachsenberg a “relatively connected” institution, was commenced about the year 1846.

Dr. Flemming is one of the associate Editors of the *Journal for Psychiatrie*. One of his most valuable contributions to its pages, is an essay, in the first volume, "On the classification of the insane, and a new attempt at the same, with particular reference to juridical psychology." He has published a work descriptive of Sachsenberg.*

7. OLDENBURG.

The population of the Grand Duchy of Oldenburg, in 1843, was 222,956.† In 1845 the whole number of insane and idiotic persons was 636, and that of epileptics 59. They were classified as follows; mania 44, melancholia 53, "verruektheit" 158, imbecility 146, congenitally idiotic 227, epileptic 59, not stated 8. The numbers of each sex, as well as the condition in regard to marriage of the insane and the idiots, is shown by the subjoined table.

	Men.	Women.	Total.
Unmarried, ...	258	202	470
Married, ...	50	58	108
Widowed, ...	12	41	53
Not stated, ...	4	1	5
	334	302	636

Proportion of the insane and idiots to the whole population	}	is as	1 to 351
Proportion of the insane alone to do.		"	1 to 545
" idiots "		"	1 to 982
Proportion of insane and idiotic males to the population of males,	}	is as	1 to 332
Proportion of insane and idiotic fe- males to the population of females,	}	is as	1 to 371
Proportion of congenital idiots to the whole insane and idiotic,	}	is as	35 to 100

* Die Irrenheilanstalt Sachsenberg, bei Schwerin, im Grossherzogthume Mecklenburg. Nachrichten ueber ihre Entstehung, Einrichtung, Verwaltung und bisherige Wirksamkeit. Schwerin, 1833.

† Dr. Kelp, in *Journal for Psychiatrie*, vol. iv.

BLANKENBURG ASYLUM.

Subsequently to the suppression of the ecclesiastical establishments, the monastery of Blankenburg, founded as long ago as the year 1284, was used as an asylum for orphans and the poor, and at length converted into a receptacle for the insane. There are, however, a few blind persons, deaf-mutes and paupers among its inmates. It contains eighty rooms, of which it is said that but fifty-eight can, with the present facilities, be heated. Number of inmates, eighty-five; of whom forty-five are men and forty women. The insane are all incurable. Curable patients are taken only in urgent cases. Annual average of deaths, five. The asylum is under the direction of a steward, but is visited twice in each month by a physician. The patients work on the land and in the house, and tobacco is given them as a reward. In 1848 there were eighty-five patients and three attendants.

8. HESSE DARMSTADT.

HOFHEIM.

This is an old establishment for the treatment and custody of both curable and incurable insane, and a few chronic cases of other diseases. It is said that its organisation and management are such as is required by the present state of knowledge, although it does not rank among the most nearly perfect institutions. The number of patients on the first of January, 1844, was 351, and 69 were received in the course of the year, making the whole amount 420. Of these, 19 were discharged cured, 13 not cured, and 31 died, leaving in the asylum,—

	Men.	Women.	Total.
Dec, 31st. 1844.	200	157	357
Of these, there were insane,.....	107	88	195
Idiots,.....	56	41	97
Epileptics,.....	18	16	34
Paralytics and other infirm,.....	13	4	17
Blind,.....	2	6	8
In senile debility,.....	3	2	5
Drunkard,.....	1	0	1

With five exceptions, these persons were from the Provinces of Starkenberg, Upper Hesse and Rhenish Hesse.

The spring of 1849 was marked, at this institution, by a tragical occurrence which resulted in the death of its superintendent, Dr Amelung. The doctor, suffering under a pulmonary disease, was lying upon a sofa when a man with homicidal propensity, who had already killed one person, was admitted. He examined the case without rising, and while in the act of feeling the pulse, the patient drew a concealed knife and stabbed him. He lingered four days, and died on the 19th of April.

He had been an active laborer in the field of Psychiatrie. Among his writings in Damerow's Journal, is an article upon "the *consensus* between the brain and the abdominal organs, particularly in mental diseases." It is in the first volume.

9. DUCHY OF SAXE-WEIMAR EISENACH.

INSTITUTION AT JENA.

The institution at Jena is for both curable and incurable patients. I have seen no history of its origin, nor date of its opening, but a Statute respecting it was issued in 1821. This was abolished, and a new one enacted in May, 1847. According to the latter, every patient for whom admission is desired, must be visited and examined by a physician and a clergyman, who give their opinions in regard to the case, separately, and in writing, to the civil officers, through whom the application is made. This new law permits the application or expenditure of the earnings of the patients to be left at the discretion of the executive officers of the institution;—a permission which is greatly and justly lauded by Professor Damerow.

In 1844, it was stated in the *Journal for Psychiatrie*, that preparations were making for a new Asylum at Jena, but nothing further is subsequently published in regard to it.

10. BRUNSWICK.

According to an article by Dr. Mansfield, in the *Openheim Journal of the Medical Society*, for January, 1844, the number of insane, idiots, and epileptics in the Duchy of Brunswick, was as follows:—

	Men.	Women.	Total.
Insane, ...	254	234	488
Idiots, congenital or from childhood, .	124	92	216
Epileptics, ...	25	29	54
Total, ...	403	355	798

Of the insane, there were—

	Men.	Women.	Total.
Married,.....	39	35	74
Single, ...	216	178	394
Widowed,.....	8	19	27
Divorced,.....	2	1	3
Total, showing a discrepancy of ten, ..	265	233	498

The population of the Duchy was 262,948. Therefore, the proportion of the insane to the whole number of inhabitants was as 1 to 539: that of the insane and idiotic, as 1 to 373.6.

ASYLUM AT BRUNSWICK.

The only institution for the insane in the Duchy, so far as I have learned, is that at Brunswick. I have seen no description of it. The number of patients at the close of the year 1841, was, of men 38, women 32, total 70. The physician, Dr. Mansfield, has contributed many valuable articles to the *Journal for Psychiatrie*.

11. DUCHY OF NASSAU.

EBERBACH.

As the maiden in her rambles plucks here and there the choicest flowers in her path, until she possesses a bouquet redolent of beauty and rich in aromatic odor, so memory, along the broad field of existence, gathers its clusters of marked and precious days, preserving them with an ever-watchful care. The rose and the tubêrose, the heliotrope and the jessamine, prodigal of their sweets, soon exhaust the fragrance of their delicious nectaries; but the bouquet of memory is a perpetual pleasure, imparting its grateful incense through all the after-years of life. The day whose glory has just gone down behind the Rhenish mountains is one which will thus be garnered.

Early in the morning I went on board a steamboat bound from Mayence to Cologne, and landed, a few miles below the former city, at the town of Elfeld. A walk of half an hour along the banks of the river, brought me to Erbach. Thence, going northwardly the distance of about two English miles, and passing the vineyards of Johannisberg and Steinberg, I arrived at the old monastery of Eberbach. Here, in the days of the misty past, dwelt one of the wealthiest associations of any of the monastic orders of the olden time. The institution was founded in A. D. 1131, by St. Bernard de Clairvaux, one of the preachers of the Crusades. The buildings, unlike those of Siegburg, are in a narrow valley, surrounded by lofty hills, and embosomed in hedges and fruit and ornamental trees. According to the legends of the Rhinegau, the establishment was first commenced upon one of the neighboring hills; but before the building was completed the worthy St. Bernard had a vision in his sleep, in which he beheld it removed from its foundations, borne away upon the back of a wild-boar and deposited in the valley. The indications of the vision were not to be misinterpreted nor disregarded. The building was demolished, and those now in existence erected. The dream of the "father" is commemorated in sculptured oak. A moveable closet, formerly used by the monks and still to be seen in the establishment, bears upon its door a figure in bas-relief of a wild-boar running at full speed, and bearing the burden—no small one, it is true, of a monastery upon its back.

But as passes all the other glory of the world, so has vanished that of the monks of Eberbach. These vast edifices, upon which money was lavished as the rivers yield their waters to the sea, are crumbling under the heavy footsteps of the Years. The shadow of the index upon the dial is an unsubstantial thing, and its motion

along the graven hours is slow, but marble and the quarried rock become as sand before its pressure. The pendulum is but a small weapon, and it swingeth lightly, yet what, of all created things, can stand before it? Where the sandal of the secluded ecclesiastic fell noiselessly in his spacious halls, the prisoner's tramp is now heavy with its iron chains. The cowl has departed and given place to the camisole. The hall of convocation for the dedicated "fathers" has become a depository for fuel, their dormitory the lodging-place of men who have infringed the laws of God and man, and their refectory a sewing-room for a band of female maniacs. A part of one of their magnificent chapels gives shelter to hay and stabling for horses, and the other is occupied by numerous presses from which flow the delicately-flavored Steinberg and other wines that replenish the cellars of the Duke of Nassau.

The traveller in search of curiosities visits many places of less interest than the monastery--now the State's prison and hospital for the Insane--of Eberbach. Some idea of the general scale upon which it was constructed may be derived from the facts that the smaller chapel, now occupied by wine-presses, is one hundred feet long by fifty wide, and although one-third part of the larger one has been partitioned off for a barn, the remainder is two-hundred feet in length, and of proportionate width. This is still used as a place of worship for the inmates of the institution. It is partially surrounded, internally, by mural monuments of the deceased "fathers" each bearing in basso relievo, the effigy of him whom it was designed to commemorate. One of them is in alto relievo, and profusely ornamented. It is the most nearly perfect, that is, the least mutilated, as well as the most beautiful specimen of monumental architecture of the middle ages that I have ever seen.

In 1810, the Abbey of Schaenau was prepared as a receptacle for such of the insane of the Duchy of Nassau, as it became necessary to confine in some public establishment. In 1812, the inmates were removed to Eberbach which, for some years, took no higher rank than a place of detention and custody for persons who were considered dangerous to be at large. From 1815 to 1820, considerable improvements were made, and other classes of the insane began to be received. Even at that early period, the physicians recognised the injurious effects of venesection, and complained that their patients were not sent to them until they had been exhausted by bleeding. In 1817 the physician demanded earlier admissions as necessary for a curative hospital, better histories of the cases, a bathroom, and a dissecting room, better food and more attendants. In 1821, the patients were partially classified, instruction and religious services were introduced, and a system of manual labor among the patients adopted.

In 1826, small fêtes were established. The rotary swing, one of the now almost forgotten inventions which, like evil genii, assuming the form of Philanthropy, or the Minister of health, have gloated over their own barbaric tortures of the lunatic, was procured, but soon abandoned. In 1829, a Society of Patronage was originated by Mr. Lindpaintner, who became distinguished for the energy and ability with which, as Director, he managed the institution.* This society was the first of the kind,

* Lindpaintner died in 1848, aged fifty-five years. "The history of the Eberbach institutions,—their developement to their present height is inseparably connected with the name of Lindpaintner." Such is the testimony of Dr. Damerow, and he adds—"perhaps the last non-medical superintendent of a German institution for the insane." Lindpaintner published a work descriptive of Eberbach, under the following title: "Nachrichten ueber die herzogliche nassauische Irrenheilstalt zu Eberbach, im Rheingau, von ihrer Begründung an bis zum Schlusse des Jahres 1842. Verfasst von dem Geheimen Hofrath Lindpaintner. Wiesbaden, 1844."

so far as I am informed. To the poor who are cured, it extends its care and assistance during a period of two years after they leave the Hospital. Up to the year 1844 it had assisted eighty-one persons, at an expense of 1,348 florins. In 1830, two young physicians, intended as officers of the institution, were sent abroad to visit the best hospitals of the kind, and thus more adequately prepare them for the fulfillment of their future duties.

In 1840, the population of Nassau was 386,221. The number of the insane and of epileptics was, at the same time, 916. They were reported as follows:

	Men.	Women.	Total.
Insane,.....	379	164	543
Insane epileptics,.....	37	36	73
Epileptics not insane,.....	169	131	300
Total,.....	585	331	916

Eberbach is the only institution of the kind within the Ducal territory. The Superintendent is appointed by the Ministry, subject to the approbation of the Duke; and to them he is responsible. He forwards to them a report, annually, but it is not published. They rarely visit the institution, and commission no delegate to perform that service. The present number of patients is one hundred and fifty-one, of whom eighty-one are men, and seventy women. The prices paid by them are, in the first class, 500 florins per annum; in the second, 320 florins by natives, and 450 by foreigners; in the third, 220 by natives and 320 by foreigners; and in the fourth, 90 florins by men, and 77 by women. Those of the fourth class alone are paupers, and, for them, clothing is included in the price of entertainment. Their expenses are defrayed by the Communes of which they were residents. The food, varying in quality in the several classes, is furnished by a *traiteur*, as in a restaurant, at a stipulated price per dish.

I carried to the Asylum a note of introduction from Dr. Focke to Dr. Ludwig Snell. Although I arrived at an early hour, the Doctor devoted the remainder of the day, and that most successfully, to the object of making my visit both useful and agreeable. As I had thus far neglected to mention his name,—haunted as I was, at the beginning, with the ghosts of the departed monks—I have done it here, at the sacrifice of proper arrangement. But I do not pretend to be logical. I am indebted to Dr. Snell for the largest portion of my information in regard to the institution with which he is connected. In his theory of the intimate nature of insanity, the Doctor is psycho-somatic, though, as he says, more nearly somatic than psychic. “Man,” he observed, “is a compound; a union of mind and matter, of soul and body; and it is impossible, in the endeavor to investigate or explain such a disease, entirely to separate his being.” This argument, or assumption appears, at first view, exceedingly plausible, but, in my opinion, it is not unanswerable.

In the medical treatment of the patients, bathing is esteemed of great importance. The warm bath is preferred in mania, the cold in melancholia. The shower bath and the douche are used to some extent, the latter, however, more frequently along the dorsal column than upon the head. Venesection is never practised in any of the usual forms of mental disorder, but leeches are sometimes applied to the temples or behind the ears. The physicians of the country use the lancet in cases of mania, and thus often render it less curable by converting it into dementia. Opium has been frequently prescribed, in latter years, sometimes in doses of three and a half grains, morning and evening. It is believed to be useful in some cases of both mania and melancholia. It allays the unpleasant sensation of the precordial region which

is often experienced in the latter. Sulphate of quinine has also been administered, in doses of ten grains, morning and evening, sometimes alone and sometimes in connection with opium. It is more useful in mania than in melancholia. Even in cases where there is no symptom of a physical lesion, either organic or functional, other than the mental disturbance, opium, quinine, antimony and digitalis are more or less employed. Chloroform has been tried, but with no permanent advantage. Maniacs resist its soporific influence much longer than persons in mental health. Some benefit has been derived from setons.

Paralysie générale is comparatively rare at this institution. Dr. Snell attributes this exemption to the fact that the patients are kept as much as possible out of doors, where they have exercise and uncontaminated air. To my mind, this is not a satisfactory explanation. So far as my personal observation of the disease is concerned, its origin is of a date anterior to the admission of its victims into hospitals,—though, in many instances, the most prominent symptoms are not developed until a subsequent period. If the inhabitants of Nassau are really less afflicted with this ruthless scourge than the people of some other countries, the cause, as I apprehend, must be sought in their habits of life.

The jacket and the strong-chair are used for restraining the violent patients. The latter is similar to those at Siegburg. Among the amusements there is one which I have never seen elsewhere. It is a combination of billiards and nine-pins. A channel surrounds the table, with the exception of the right-hand half of the end at which the player stands. The ball being placed in this, at the edge on the right of the player, and then struck with the cue, makes the circuit, and, having arrived at

the middle of the front, issues upon the table in the direction of the pins, of which there are nine, placed in the form of a lozenge, at the opposite extremity.

The patients have the use of a library, and maps are suspended upon the walls of some of the rooms. They have evening parties thrice a week, and some are instructed on winter evenings. Two chaplains, a catholic and a protestant, are connected with the institution. The latter resides in the house and is subordinate to the Superintendent. Services in the chapel are performed only on the Sabbath. The duties of the chaplains extend to the prisoners as well as to the insane.

It appears to me as if "Industry" is the watch-word of this hospital. At some parts of the day the house was nearly vacated by the men, and most of them were at work in the garden or upon the grounds of the new buildings, presently to be described. Tailoring, and some other trades are pursued. A large number of the women were sewing and spinning, as has already been hinted, in a large hall with vaulted and ornamented ceiling, formerly used as a refectory. Others, and some of these belonging to the higher classes of pay-patients, were in a beautiful garden upon the declivity of one of the adjacent hills, engaged, with light hoes and rakes, in weeding the beds of flowers and shrubbery, cleaning the walks and collecting the leaves which had fallen from the trees. Blessed will be the day when, in *our* "fatherland," the unfortunate subjects of mental alienation in the corresponding classes of society, can be induced to render this important aid towards the accomplishment of their restoration to health and to home, to their firesides and their friends.

Tobacco and snuff are given to such patients as are in the habit of using them; and these induce some to ex-

ertions which they would otherwise refuse to make. But, so high an estimate is placed upon manual employment, as a curative agent, that, in some cases, even among the pay-patients, it is required, compulsorily if that be necessary. I know not that any whom I saw at work were acting under coercive measures, but they appeared contented and I heard no murmur of complaint. Dr. Snell said that the friends of the patients *always* wished them to labor, if it be thought best by the medical officers.

From 1815, to 1842, inclusive, the number of patients received was:

	Men.	Women.	Total.
	379	164	543
Discharged cured, ...	150	62	212
Harmless, ...	57	27	84
Died, ...	92	33	125
Remaining, Dec. 31, 1842, ...	80	42	122

Of the deaths 45 were from apoplexy: 49 marasmus, and 19 dropsy. Of the whole number, 19 were epileptics, and 22 congenital idiots.

Condition in regard to marriage of 503 patients:—

Single, ...	229	75	304
Married, ...	107	53	160
Widowed, ...	16	23	39
Total, ...	352	151	503

The shell of the crysalis breaks, and that which was once but a creeping worm, expands its pinions of gold, and green, and ebony, and revels in the delights of a higher state of existence. A similar change is about to occur in the institution at Eberbach. At the distance of half a mile from its present location, there is an eminence studded with oaks and hence known by the name of Eichberg. It commands a beautiful view of a long reach of the valley of the Rhine, the river flowing in its midst, the towns with which it is studded, and the vineyards for

which it is celebrated. Here a new establishment is nearly completed, and in the course of a few months the inmates of Eberbach will be transferred to it. The institution will thereafter be known by the specific designation of the hill upon which it stands. As the traveler ascends the Rhine, some communicative fellow-passenger will not fail to direct his attention to Johannesberg, famous not only for its wines, but as one of the country-seats of Metternich. A little to the eastward of this he will observe a long pile of yellow buildings, conspicuous upon a back-ground of forest-covered hills. This is the Hospital of Eichberg.

The buildings are constructed of stone, rough-cast.—They present an imposing, though interrupted front, apparently six hundred feet in length. They are arranged for the accommodation of about two hundred patients.—The residence of the Superintendent is in the middle, but disconnected from the other edifices, and that of the Steward, at the distance of a few rods behind it. The men are to occupy the western, the women the eastern half of the establishment. The departments for the tranquil, three stories in height, are in front; those for the unquiet, also three stories, forming receding wings from the inner ends of the former, are a little more withdrawn from publicity, while those for the violent are still more secluded, at the rear, but some distance, from the residence of the Steward. The departments last mentioned contain thirty rooms, fifteen for either sex. The patients in the other divisions, excepting a few high priced boarders, are to lodge in dormitories, each containing from eight to ten beds. The corridors are next to the external wall.—They are nine feet in width and thirteen in height. The floors are of wood. The window-sashes, also wooden, open in compartments upon hinges, and are fastened,

when closed, by a screw. In the departments for the tranquil, none of them are guarded either within or without. Stoves will stand in the rooms, but open into the corridors. There are no special arrangements for ventilation.

The buildings for the violent present some exceptions to the foregoing description. In these, each room is ten feet square. The windows have iron sashes and are protected by a moveable iron network. The doors open into the corridors, and when closed, are fastened in three places,—in the middle by a lock, above and below by a turn latch like that used upon the doors of carriages. In each door there is a small *guichet* through which the room may be overlooked. These rooms will be heated by hot air furnaces. The registers are in the walls, at the height of seven feet, and near the floors there are apertures for the escape of foul air.

The bathrooms are of ample dimensions, and have dressing rooms adjoining. The laundry is provided with most of the modern improvements. Black walnut sofas, chairs and bureaus have already been placed in the apartments of the higher classes. A bowling alley has been made for the men, and a beautiful summer-house for the women. The latter is an octagonal building, two stories in height, standing in the midst of a cluster of oaks. A conservatory is connected with the dwelling house now occupied by the gardener. The patients, after being transferred to Eichberg, will continue to attend worship in the chapel at Eberbach.

Whatever may be the conveniences of these new edifices, there is one important and glaring defect. The number of women at Eberbach has always been much less than that of men. Anticipating a continuation of this discrepancy, the kitchen has been placed in the principal

building for females. The consequence is, that the food for the men must be carried across the intervening court. A small railway has been constructed, in the rear of the Steward's dwelling, for its transportation. This arrangement is awkward to an absurdity.

At a late hour in the afternoon I bade adieu to Dr. Snell, with many regrets that I could not accept his polite invitation to remain a few days and accompany him upon an excursion to the Niederwald.*

12. SAXE MEININGEN HILDBURGHAUSEN.

There is an Asylum at Hildburghausen, an old establishment, a department, as I suppose, of some mixed institution.

* A few years ago the Privy Counsellor and Medical Director, Dr. Von Ruehl, of St. Petersburg, offered a prize for the best essay upon the question: "How can humane attendants and supervisors be obtained for institutions for the insane?" Dr. Basting, the assistant physician at Eberbach, was the successful competitor, and his essay is published in the second volume of the *Journal for Psychiatrie*. In the fourth volume of the same publication, Dr. B. discusses the question: "Does the Pennsylvania system of punishment produce insanity?"

13. ELECTORATE OF HESSE CASSEL.

ASYLUM AT HAINA.

This is an old establishment, for men, reported, a few years ago, to have two hundred and seventy-nine patients.

ASYLUM AT MERXHAUSEN.

This, also, is an old institution, for women, of whom, at the time of the report from Haina, there were two hundred. Professor Damerow mentions these two Asylums as "the hundred years old, obsolete Detention Houses at Haina and Merxhausen."

Dr. Hermann Gross, formerly Physician to the Asylum at Haina, wrote a work* in the hope of promoting the establishment of a new institution which might more nearly correspond with the modern idea of a curative hospital for the insane. Dr. Schrieber has also written upon "The leading Principles in the selection of a Site for the Institution for the Insane to be erected in the Landgrave of Hesse."† He estimates the number of insane persons in the Landgrave at between seven and eight hundred, and proposes that the new Asylum shall be sufficiently extensive to accommodate six hundred. Dr. Damerow, in regard to this proposition, remarks that from all analogy and experience, an institution for four hundred would be large enough. No active measures, so far as I know, have hitherto been taken for the foundation of the proposed Asylum.

* Die Irrenanstalten als Heilanstalten betrachtet. Mit dem Bildnisse Philipps des Grossmuthigen, Landgrafen von Hesse-Kassel, 1832.

† Hesse Cassel or Hesse Homburg ?

14. PRINCIPALITY OF LIPPE DETMOLD.

INSTITUTION AT BRAKE.

The establishment at Brake is intended for patients who are considered curable, and for those "who, upon grounds of policy, and particularly in reference to the public security, or in regard to humanity, ought to have proper care, oversight and treatment." Patients are received at three different prices, 150, 48, and 24 thalers per annum.

The laws relating to this institution are drawn up with such an evident knowledge of the subject, and with so unwonted a tincture of philanthropy, that it would hardly be justifiable to omit the exposition of some of them to American readers.

When a person becomes insane, his physician is required to give notice of the case to the magistrate of the district. If no physician has been called, the magistrate, if he hear of the case, must send a physician to examine it. The physician's report must be presented to the *Physicus*, or official physician of the district, that he may give his opinion thereupon. If the case be doubtful, he must visit the patient personally. The *Physicus* makes a report to the magistrate, which, with the representations of the latter in regard to the name, age, condition and residence of the patient, the nature of his disease, his pecuniary ability, and the opinion of his relatives in regard to his removal, is sent to the Government. If the patient be admitted, his physician is required to write a detailed history of the case, which is transmitted through the hands of the magistrate and the Government officers,

to the physician of the Asylum. If there be circumstances the general knowledge of which might be detrimental to the patient, they may be omitted, and it is left to the discretion of the patient's physician to communicate them, privately, to the physician of the asylum.

The two subjoined sections, translated in full, are particularly worthy of notice. In regard to the responsibilities of the physician, mentioned in the first, the law does not state *in what way* he shall be answerable, in case of neglect, or by what means he shall make amends or be punished therefor.

"Should the physician neglect to make application for admission, and thereby cause a delay which would postpone or entirely destroy the curability of the patient, he shall be answerable therefor. In doubtful cases, he is required to consult with a colleague, or with the physician of the asylum. Should the magistrate fail to forward the application for admission, the physician must give notice of the fact to the government.

"The transport of the patient to the asylum shall, as a general rule, be made in such way that the patient shall know the object of the journey. He must not be deceived in regard to it. When possible, he must be accompanied and delivered by one of his relatives."

15. FREE CITIES.

ASYLUM AT FRANKFORT ON THE MAINE.

But few cities are so well supplied with public institutions of benevolence, particularly for the treatment of disease, as Frankfort on the Maine. With a population of but about fifty thousand, it has no less than eleven hospitals. They are under the general direction of a board of commissioners consisting of five burghers, one of whom is a physician. They are also subject to the inspection of the board of health.

The hospital for the insane, which is included with those above mentioned, is of comparatively ancient origin. In a work by Wilhelm Stricker, published in 1847, it is stated that so long ago as the year 1728, subscriptions were raised for the *improvement* of it. Since that time, funds for the same purpose have been obtained at several periods, in a similar manner.

The resident executive officers are a steward and matron. Dr. Varrentrapp, sen., is the visiting physician. The hospital is upon a narrow street in a compact portion of the city. Its façade, partly two and partly three stories in height, is continuous with those of the adjacent dwelling houses. It has one receding wing, making the whole of the form of the letter L. The square is completed by enclosures, and the included space used as airing courts for the patients. The corridors are narrow, with stone and tile floors, and rooms upon both sides. The patients' apartments have wooden floors. The windows are large and low, as in ordinary dwellings, and guarded on the outside by upright iron bars, three or four inches asunder. Some are protected on the inside; part of them by

wire gauze and part by a lattice of sheet iron. The building is heated by both hot air furnaces and stoves. The doors and windows are the only avenues for a change of air. The doors of the rooms for violent patients open into the corridor. Some are fastened each by a lock and two bolts; others have a lock inserted in the casement, and by turning the key, two bolts, several inches apart, are slipped into the edge of the door. This contrivance is novel to me, and may, in some cases, have its advantages. The bedsteads are plank bunks. There are no carpets, but some of the rooms are otherwise comfortably furnished. All the quiet patients sleep from two to five in a room. Some of the dormitories have an attendant's room adjoining, the door between the two being made of iron rods.

The epileptics have special departments. One of their rooms is padded upon the sides, and the floor covered with a thick cushion, like a mattress. It contains two beds, which lie upon this common cushion. It would appear impossible for the occupant of this apartment to be injured during a paroxysm.

Restraint, by mechanical appliances, is resorted to as rarely as is thought to be compatible with the general welfare. The camisole is used in all ordinary cases. A modification of this, first made at this institution, has been introduced into some of the other German asylums. It is a single garment covering the whole body excepting the head. It is whole in front, and buttoned and laced behind. Its sleeves and leglets are longer than the limbs of the patient, and sewed up and furnished with strings at the extremities. When on, the strings of the two sleeves, and of the two leglets may, if necessary, be tied together, thus more effectually preventing the free use of the limbs.

Dr. Varrentrapp, junior, who accompanied me through the establishment, said that the usual treatment of mania is by tartar emetic as a nauseant, and the shower bath. Venesection, cupping and blisters are sometimes prescribed. He also asserted that some cases of epilepsy have been cured. The medicines chiefly employed in its treatment are indigo, cuprum ammoniatum, flores zinci and the nitrate of silver. The two last mentioned are thought to be the most efficacious. A large part of the epileptics die of pulmonary phthisis, and when this disease is fully established, or running its course with vigor, the epileptic paroxysms disappear.

Prayers are read daily in the departments of both men and women. There is a small chapel in which religious services are performed on the sabbath. The chaplain does not visit the hospital at other times, unless specially called. The patients are employed to some extent. Aside from the assistance rendered in the work of the house, the women sew and the men make mats and prepare materials for mattresses. In the year 1848, more than six hundred garments were made, and 16,525 pounds of horsehair, 3,640 of heather hair grass, 7,313 of sea grass, and 115 of wool were prepared. Pecuniary rewards to the amount of 321 florins 5 kreutzers were allowed. Snuff is given to such as use it, and smoking is permitted. Some of the patients eat at the steward's table, and they are occasionally treated with a social party. Those whose condition will admit, walk with attendants in the city and its suburbs, or visit the public gardens. There are two airing courts, one for each sex. They are separated only by a light open fence, and are planted with flowers, shrubs and trees. The men have a billiard table.

There are some pay patients, but nearly all are paupers supported by the municipal government. The present number is eighty-three, forty-five men and thirty-eight women. Eight of the former and six of the latter are epileptics. There are ten attendants.

OBERNEULAND.

Dr. Frederick Engelken is the proprietor of the private asylum, Oberneuland, near Bremen. The buildings are surrounded by a park. "Within them," says Dr. Roller, "reigns the spirit of kindness and of order, and the visitor carries away with him an agreeable impression, similar to that with which he lays down the book which he has just finished reading." Dr. Engelken read an essay upon the use of opium, before the section for Anthropology and Psychiatrie, of the association of naturalists and physicians, at the meeting for 1847. He has found opium very useful, "almost a specific," in cases which he designates as *melancholia hypochondriaca*, and recommends its administration in chorea, two cases of which he had cured by it. He would restrict the dose to a maximum of four grains, morning and evening.

The private establishment, Rockwinkel, belongs to Dr. Hermann Engelken.

In the section for Anthropology and Psychiatrie, at Kiel, in 1846, Dr. H. Engelken recommended opium as the best agent for the control of that specific form of irritation which is the basis of insanity. He would give it in doses not to exceed five grains, morning and evening, but never when there is fever or gastritis. The two doctors Engelken are cousins.

HOSPITAL AT HAMBURG.

The only asylum at Hamburg is a department of the general hospital. It is under the medical direction of Dr. Buelau, physician in chief to the hospital. The number of patients, at or near the close of 1844, was five hundred and thirty-nine. Thirty of them were epileptics. The subject of erecting an establishment for four hundred patients had been for some time in agitation, when further proceedings were suspended by the great fire which a few years ago devastated a large part of the city. They were renewed, however, in 1845. Plans were drawn, and a site was purchased in the neighborhood of the city ; but the buildings have not been commenced.

16. SCHLESWIG HOLSTEIN.

Although Schleswig and Holstein do not strictly belong to Germany, yet the *esprit* of their inhabitants is so essentially Germanic, that it may not be amiss to mention their asylums in this connection.

INSTITUTION AT SCHLESWIG.

The Schleswig asylum for curables and incurables, was opened in the year 1820, under the superintendence of Dr. Jessen. Through his skill, judgment, industry and perseverance it acquired a high and widely extended reputation. He resigned his situation in 1845, and was succeeded by the second physician, Dr. Rueppell. A large addition to the buildings was commenced in 1846. Dr. Rueppell is the author of a work of some value in the jurisprudence of insanity, entitled "Medical Contribution to the criminal process of the murderer J. H. Ramcke, of Halstenbeck." It contains 308 pages, and was published at Schleswig, in 1845.

HORNHEIM.

Soon after Professor Jessen left the Schleswig asylum, he purchased about twenty acres of land situated upon an elevation in the vicinity of Kiel and overlooking that city and its harbor. There he had three buildings erected, one as a dwelling house for himself, and the other two for male and female patients respectively. To this establishment he gave the name of Hornheim, a word composed of the combined names of two distinguished physicians. It has apartments for fifty patients, a ball

room, reading room and workshops, and is connected with a beautiful garden. The rooms for patients are each twelve by eighteen feet, and the ceiling twelve feet high.

In his public notification of the proposed opening of the institution, Dr. Jessen says: "Hornheim shall be an asylum in the true sense of the word; a refuge for the sick and suffering who require a removal of longer or shorter duration from the accustomed relations of life, for the purpose of obtaining restoration, rest and peace. The patients received will form, with me and mine, one large family, and will be considered as members of the same. To heal the sick, to console and re-establish the suffering, and to prepare for them a quiet life, in a pleasant residence, will be the object of our common endeavors. With this exalted and christian view, and with the fixed determination to devote the whole of our future life to the sick and the suffering, we shall open the asylum on the first of October, 1845."

Dr. Jessen is professor of psychology and psychiatrie in the university of Kiel. He was the first president of the Psychiatrial Association, and he has made some valuable contributions to Damerow's Journal; among them, one entitled "Opinions upon a doubtful condition of the mind," in the volume for 1844. He is also the author of a valuable work on the knowledge of the Psychological Life in health and disease."*

* Beitræge zur Erkenntniss des psychischen Lebens im gesunden und kranken Zustande. Schleswig, 1831.

STEPHANSFELD.

Although the Stephansfeld institution is within the jurisdiction of the French government, it is near the boundaries of Germany, and more of its inmates speak the German than the French language. Its rank is such that, inasmuch as but little is known of it in this country, I have no hesitation in giving a description of it in this place.

The Stephansfeld Hospital for the Insane is upon an extensive plain, eight miles north of Strasbourg, and near the village and forest of Brumath. The original edifices were erected, and long occupied, for a foundling hospital. New buildings have been added, and others are in contemplation, to complete a plan for the conversion of irregularity into order and symmetry.

The institution was opened in 1835. It was intended particularly for patients from the Department of the Lower Rhine, but receives some from those of the Upper Rhine and the Moselle. Its Director is Mr. David Richard, its principal Physician, Dr. J. Roederer. Mr. Richard has conducted it with such distinguished ability and success that he has been decorated with the insignia of Chevalier of the Legion of Honor.

The residences and offices of the Director and the Physician stand immediately by the road-side. These buildings form the outer boundary of airing courts, or gardens, limited at the opposite extremity by a long edifice

containing the kitchen, and the apartments of pay patients and the curable paupers. Behind this, still receding from the road, are other airing-courts, bounded, at their remote extremity, by the buildings for the incurable and the violent. Finally, in the rear of these are the airing-courts for the patients occupying them. Workshops are to be erected upon the lateral limits of the second airing-courts, which will then be surrounded by buildings.

In the departments for the most highly excited the suite of rooms is surrounded by a corridor. The window of each room is beside the door, low enough for the patient to look out, and guarded by upright, neatly wrought wooden bars. There are but seven of these rooms for each sex, and, excepting those who occupy them, all the patients sleep in associated dormitories. The present number of patients is, of men one hundred and seventy-four, women two hundred and three; making an aggregate of three hundred and seventy-seven. Some of the dormitories contain as many as thirty beds, at least one of which is for an attendant. This is not separated from the others, even by a curtain. Most of the bedsteads are iron; the mattresses, horsehair. For such persons as are liable to soil their beds, the mattress is made in three parts, as at Leubus.

One of the most remarkable features of this establishment is, that none of the windows, except in the small department for the furious, and there they are not glazed, are in any way protected, either internally or externally. The only respects in which they differ from the ordinary French window are, that the turn-latch which fastens the sections of the sash together, when closed, is moved by a tube-key, kept by the attendant, and that, in a few of them, the sashes are iron. Of the upwards of fifty public institutions for the insane which I have visited, no other

is, in this respect, so exempt from what is generally considered a necessary means of security.

Part of the buildings are warmed by stoves, the rest by hot-air furnaces. Ventilation is effected only by the ordinary avenues for air. No part of the establishment, however, at the time when I passed through it, furnished the usual evidences of any deficiency in this respect.

There is an infirmary, the nurses of which are Sisters of Charity. Bathing, chiefly tepid and prolonged, is an important and frequently prescribed agent in the medical treatment. The bathroom is neat and convenient. The tubs are metallic. The water is admitted through two openings at the bottom, near the head, and drawn off at a third. The fassets are in the floor beyond the reach of the patient. For pediluvia, which are also much employed, the arrangements are admirable. A fixed seat extends nearly half the distance around the room, and before it there is a series of perhaps a dozen small metallic tubs. They are fixed in their places, and all supplied with water from two pipes, which run beneath them.—Patients are not bled for insanity. Opium is given in small doses, but only in mania. Chloroform has been tried in all forms of the disorder, but with no permanent benefit. It will suspend the paroxysms of epilepsy, but they generally return as soon as the soporific effect has passed.

Many cases of paralysie générale have been treated here, but Dr. Roederer has never known one to be cured. Intermittent fever has frequently prevailed among the patients, but the Doctor says it exercises no curative influence upon their mental disorder.

The peculiar affection Hemeralopia, or nocturnal blindness, appears annually among the patients, at the approach of spring. It seems to be connected with inter-

mittent fever, as it is developed simultaneously with that disease, and is cured by sulphate of quinine.

One patient was blind before he became insane. In 1841, of a family of seven children, three, two sisters and a brother, were at this institution, and three of the others had previously died either insane or idiotic. Twin sisters were once admitted at the same time. After reporting the cure of two patients, one of whom had been four, and the other seven years insane, prior to admission, Dr. Roederer says, "such examples shew not only the little value, but the danger of classifying the insane into curables and incurables. Strictly speaking, absolute incurability cannot be admitted, excepting in cases of evident dementia accompanied by symptoms of general paralysis."*

"Therapeutic treatment alone," says the Report already quoted, "will rarely effect a cure in insanity.—Moral treatment must be associated with it." Manual labor and intellectual and religious instruction are the principal elements of this treatment. "The administration has given to manual labor a developement surpassing anything of the kind within our knowledge. Besides the numerous workshops where the patients can be useful according to their tastes and aptitudes, and exercise the trades of cabinet-making, shoemaking, weaving, painting, trough making, coopering, bookbinding, &c., a remarkable extension has been given to farming, by bringing under cultivation a hundred acres of land. Our Asylum, in the centre of this farm, bears the aspect rather of an agricultural colony than of a hospital. **** Our patients willingly leave all other employments to go out armed

* Notice sur le Service Medicales de l'Asile public d'Aliénés de Stephansfeld. (Bas-Rhin) pendant les Années 1842, 1843, 1844, Par G. Roederer, Médecin en Chef de cette Etablissement. Strasbourg, 1845.

with the spade and the hoe. The women are employed in the diverse occupations of their sex, such as the spinning of hemp, sewing, knitting, making clothes and stockings, the weeding of the fields and the service of the laundry, the kitchen and the wards.

“It is with lively satisfaction that we see labor become a habit and a necessity for a majority of the patients, and that, on the other hand, we have the means of satisfying, in this respect, their tastes and their often imperious desires. The number of patients employed generally amounts to from one hundred and eighty to one hundred and ninety daily. In 1844 the number of day’s work, industrial and agricultural, was forty-one thousand nine hundred and sixteen. Such a result is not due to restraint or violence. The work is either entirely voluntary, or obtained by persuasion, alimentary and pecuniary recompense, and the distribution of tobacco.”

The rewards are not casual, nor are they subject to the prejudices, partialities or caprices of any person. A daily record of the labor performed is constantly kept, and the laborers classified, according to their industry, or the vigor with which they work, under the following heads.

- | | | |
|--------|-----------------|------------------|
| 1. A. | Assez bien. | Pretty well. |
| 2. B. | Bien. | Well. |
| 3. C. | Courageusement. | Courageously. |
| 4. D. | Distingué. | Remarkably well. |
| 5. d’. | Extra. | Extra. |

Those of the first division (A) have coffee or milk at breakfast; of the second, the same, with the addition of meat and wine; the third, five centimes, the fourth, ten centimes, and the fifth, fifteen centimes, per day, together with the extra aliment of the second.

“The amount of recompense, of all kinds, in 1844,

was nearly eight thousand francs. The pecuniary rewards are distributed at the end of each month, in the presence of the Director, the Physician, and other persons employed in the Asylum. A portion of it is placed at the disposal of the patients, the rest reserved until they recover, or leave the institution."

In 1842, "two schools were established, one for men, directed by an instructor attached for this purpose to the administration of the asylum; the other, for women, placed under the care of a highly educated sister of charity. Their success has far exceeded the general expectations. . . . The number of patients in attendance has more than once been nearly one hundred. Their tranquility, good demeanor and assiduity are astonishing. The gardens and the refectories, formerly thronged with idle and noisy patients, are now silent and deserted during a great part of the day. The instruction offered to the patients comprehends all the subjects of elementary education, reading, writing, arithmetic, geography, dictation, translations, history, drawing and other intellectual exercises adapted to the acquisitions and to the capacity of each. Singing is particularly attractive to the insane. They have made sufficient progress in it to enable them to assist, on the Sabbath, at divine worship, by the performance of sacred songs the music of which is sometimes quite complicated.

"Stephansfeld has a catholic chapel and a protestant oratory, both provided with organs. Two chaplains, assisted by two organists, officiate regularly at the asylum on Sundays and feast days, and for the catholics, who constitute three quarters of our population, several times in the course of the week. The religious sentiment, developed from infancy in the serious inhabitants of Alsatia, is far from being effaced in the great majority of

the insane, is easily revived in their hearts, and notwithstanding the mental disturbance, becomes a source of consolation and of secret joy."

The forenoons of feast days are devoted to religious exercises, the afternoons to games and promenades, followed by refreshments. "On the 1st of May, 1844, two hundred and twenty patients, or more than two-thirds of our population, the sexes in separate divisions, made an excursion of more than three hours in the forest of Brumath. Although the number was so great, they maintained perfect order and quietude. They departed and returned singing, marching in couples like the students of a college.*

"Various recreations, such as the resources of an asylum will permit, musical soireés and concerts in which patients and persons employed participate, complete the general moral means employed at Stephansfeld. If the means of restraint can not be entirely excluded from the treatment of insanity, we ought to assert that they are here used only with the greatest circumspection and parsimony. They are limited to the temporary seclusion, in their rooms, of the dangerous patients, and the transient employment of the coercion jacket. Now, our new strong rooms, well lighted, aired and heated, even elegant, present nothing sad or repulsive; and as to the coercion jacket, it is used very rarely, to prevent the patients from injuring themselves or others while they are permitted to circulate freely in the gardens."

* It is the custom in France for the students of boarding schools and colleges to walk in procession when they are permitted to take a promenade—a rigidity of discipline hardly consonant with the ideas of "Young America."

On the 31st of December, 1841, the number of patients in the asylum was 295.

	Men.	Women.	Total.
Admitted in 1842, '43 and '44.....	161	132	293
Discharged cured,.....	47	52	99
“ not cured,.....			67
Died, ...	74	51	125
Remaining Dec. 31st, 1844, ...	158	145	303

Of the admissions, only 113 were cases of less than one year in duration. Of the cures, fourteen were cases of relapse. Several who were not discharged as cured, were so far improved that they afterwards recovered. No less than twenty-six of the deaths were in cases of paralysie générale. The mortality was much increased by the admission of nearly one hundred old cases, transferred from the asylum at Maréville.

Dr. Roederer gave me a leaf from the daily register of the institution. It bears the date of November 21st, 1848. From its various records, I extract the following items :

	Men.	Women.	Total.
In the house, Jany. 1st, 1848,.....	164	164	328
New admissions,.....	55	64	119
Re-admissions,.....	10	12	22
Whole number,.....	229	240	469
Discharged cured,.....	16	22	38
“ improved,.....	21	13	34
“ unimproved,.....	8	9	17
Died, ...	18	12	30
Remaining, this day,.....	166	184	350
	229	240	469
Speak German alone,.....	53	77	130
Speak both German and French,.....	88	88	176
Speak French alone,.....	18	17	35
Idiots and deaf-mutes,.....	7	2	9
	166	184	350

	Men.	Women.	Total.
Can read German alone,.....	27	54	81
Can read German and French,.....	56	63	129
Can read French alone,.....	14	10	24
Cannot read,.....	59	57	116
	166	184	350
Can write German,.....	24	51	75
“ “ German and French,.....	56	62	118
“ “ French,.....	12	6	18
Cannot write,.....	74	65	139
	166	184	350
Single,.....	128	123	251
Married,.....	34	38	72
Widowed,.....	4	23	27
	166	184	350
Catholics,.....	112	126	238
Protestants,.....	46	49	95
Hebrews,.....	8	9	17
Employed in agricultural and industrial } labor,.....	71	99	170
In intellectual labor,.....	27	21	48
Total employed,.....	98	120	218

The proportion of attendants to patients is about as one to ten.

Through the exertions of Mr. Richard, a Society of Patronage has been formed for the purpose of exercising a watchful care over poor persons who have been discharged from the Asylum cured, to aid them in procuring employment, and, if necessary, to render pecuniary assistance. Dr. Roederer thinks that by the influence of this association the number of relapses will be diminished.

As an act of justice towards the institution, although perhaps at the hazard of a little repetition, I believe it necessary to add the following notes made immediately after I left it, and before I had examined the Report of Dr. Roederer.

Walking in the neighborhood, accompanied by attendants, is permitted on the Sabbath and on fête-days. This recreation is often participated in by a large majority of the patients. I use the word "recreation" because it appeared to me that no such means was necessary merely for exercise. The spirit of industry which seemed to reign in all departments of the establishment would apparently preclude the necessity of any physical exertion, other than that which is devoted to useful occupations.—The women perform much of the household labor; spin, pick hair, and work with the needle. After I had already seen so many employed that it appeared as if there could be but few more in the Asylum, we entered a large hall in which about fifty were at work, mostly sewing. Many men were also busy in the house, picking hair, making the beds in their dormitories, &c., &c. A large proportion, however, work upon the farm. The extensive gardens and fields are well cultivated and in beautiful order. They supply all the vegetables consumed in the establishment. The agricultural department of the institution, so far as systematic and extensive employment of the patients is concerned, probably has no superior.

In closing this brief notice of Stephansfeld, an institution which I ever remember with sentiments of high admiration, it may be remarked that it affords a standing and striking example not only of the advantage and the beauty of a well-organised and detailed moral management, but also of the extent to which employment may be substituted for bars and bolts, and the equivocal "tranquility" of the "tranquilizing chair."

Stephansfeld has brought us out of the Germanic countries into the limits of France. Here, my reader, *patient* reader indeed, if we have been constant companions over this somewhat protracted journey of detail, here in Alsatia, beautiful Alsatia, surrounded by plains of golden grain, breathing the air which is wafted to us over widely extending vineyards, and our eyes regaled by orchards where the purple prune bends the branches of the prolific trees beneath its weight; with the matchless spire of the Strasbourg cathedral resting against the sky behind us, and before us, shrouded in the azure mists of the far horizon, the Alsatian mountains over which I must wander to the completion of my now solitary rambles,—here must we part. If thou be an American psychiatrist, it may be, perchance, that while we have gleaned much that is new to both of us, we have occasionally discovered something which will aid thee in thy responsible duties of surveillance and treatment of thy afflicted brethren; something justifying thy present mode of practice, or suggestive of modifications and improvements. If thou be a German psychiatrist, to whose kindness I am indebted for a portion of the material of these sketches, and of whose hospitality I have partaken, allow me to say that while making these records there has been a sincere endeavor to do thee, thy countrymen and thy fatherland, no injustice. And should thou cross the Atlantic with a wish to investigate the condition of *psychiatrie* in America, be assured that our institutions connected with that science will be thrown freely open to thy inspection; that into any of the principal ones thou would be cordially received as a guest; that the officers would enable thee to obtain a complete

understanding, not only of the buildings in all their departments, but also of their whole system of management, custodial, disciplinary, medical, and moral. And should thy sojourn at any one of them be for a day, a week, or a month, it will be based upon a generous hospitality springing from a community in science and philanthropy, a hospitality which accepts of no reward from a colleague other than the pleasure and advantage of an interchange of opinions. Finally, if thou be a German critic, remember that thy *mutter-sprache* and mine are not the same, and make all due allowances therefor. Remember that my sources of information, wherever I was not personally an observer, have, with rare exceptions, been the publications of thy countrymen, and that where errors have crept into some of those publications and subsequently been corrected, the corrections and not the original assertions are here inserted. Remembering these, thy judgment will be such that it may be awaited without anxiety, and we shall part as we met, good friends.

ARTICLE II.

TRIAL OF A QUESTION OF INSANITY.—*MARY SMITH* vs. *REBECCA KRAMER*. *Philadelphia Nisi Prius*, February 1853.

This action of ejectment, for two messuages in Philadelphia, came on to be tried before Mr. Justice Gibson, at the sittings at *Nisi Prius*, on the 14th of February, 1853. Both parties claimed under Captain Arrowsmith, a retired mariner, who had obtained a competence: the plaintiff, his sister, by descent as the last of her father's issue; the defendant, his housekeeper, as his devisee; but the plaintiff's witnesses testified to acts of sudden and unprovoked passion, violence, wildness, extravagance, and eccentricity; and, in order to corroborate the inference from them, her counsel offered the deposition of Susan Arrowsmith, the widow of one of the testator's brothers, that the testator's father was insane towards the close of his life; that one of the testator's two uncles, on his father's side, was insane, and the other imbecile; that his two aunts, on the same side, and their children, were insane; that a son of one of them is in a mad house; and that her own husband was mentally disqualified before his death. The admission of the deposition was opposed, on the ground that the legitimate inquiry was into the state of the testator's mind, not that of another; and that it did not follow, that because the testator's father and his collateral relations were insane, that he must have been so too.

The point was elaborately argued on principle and authority by *Sheppard* and *David Paul Brown* for the

plaintiff, and by *G. S. Biddle* and *Pancoast* for the defendant.

GIBSON, J.—I admit the deposition without hesitation, notwithstanding the dicta of Mr. Shelford, (*Trea. on Lunacy*, 59,) and Mr. Chitty, (*Med. Jurisp.* 355,) that it is an established rule of law not to admit proof of insanity in other members of the family in civil or criminal cases. Established! When, where, and by whom? Certainly not by the House of Lords in *Mc Adam vs. Walker*, 1 Dow's Par. Ca. 148, the only case cited for it, for the question there was avowedly dodged. That high Court would not shock common sense by affirming the order of the Scotch Court of Session; nor would it gratuitously reverse it, when the decision could be safely put on another ground. The authority of a judgment appealed from, and left in dubio, cannot be very great. Sir Samuel Romilly's argument, against the evidence, was rested on the fecundity and interminableness of collateral issues; and Mr. Chitty seems to have had a glimpse of the same idea, when he said the course is to confine the evidence to the mental state of the party. But every new fact, though it open a new field of inquiry, is not collateral. It may bear directly on the fact in contest; and, where it does so, it is not in the power of the Court to shut it out. A collateral issue is such as would be raised by allowing a party to put a question to a witness on cross-examination, in regard to a fact palpably unconnected with the cause, in order to afford an opportunity to discredit him by contradicting him; but does not proof of hereditary madness bear directly on the condition of the mind, which is the subject of investigation? What if the point had been ruled by the Chancellor and law judges in the House of Lords? Profoundly learned in the maxims of the law, they were

profoundly ignorant of the lights of physiology; yet, free from the presumptuousness of which ignorance is the foster-father, they refused to rush on the decision of a question to which they felt themselves incompetent. Mr. Chitty fancifully puts the solution of questions of insanity on the doctrine of legal presumptions. "As the imputation," he says, "is contrary to the natural presumption of adequate intellect, the deficit should be established by *direct* and *positive* evidence, and not merely be conjectural or probable proof." If that be law, a question of insanity is the only one in which positive evidence is required, and circumstantial evidence to corroborate is rejected. Why is evidence of an old grudge admitted against a prisoner, as a remote proof of malice, if the remote proof of hereditary insanity may not be given to rebut it; and why should the presumption of sanity be allowed to overbear the presumption of innocence, the strongest of them all? I admit that hereditary insanity will not itself make out a case for or against a member of the family; but to say that it may not corroborate what Mr. Chitty calls direct and positive proof, without defining it, staggers all belief. In a measuring cast it ought to prevail. He says harsh conduct, bursts of passion, or displays of unnatural feeling, will not *of themselves*, establish insanity. Be it so. But because the springs of such actions are concealed, are they never to be laid bare, and shown to be seated in the blood? When it is admitted by Mr. Chitty and Mr. Shelford themselves, that insanity is a descendible quality, they give up the argument. There can be nothing unreasonable in referring wild, furious and unnatural actions, not otherwise accounted for, to the aberrations of a mind, the reflex of that of a crazy father. Mr. Taylor, a distinguished lecturer on Medical Jurispru-

dence in Guy's Hospital, London, says that, "in making a diagnosis of a case of insanity, the first question put is commonly in reference to the present or past existence of the disorder in other members of the family. There can be no doubt, from the concurrent testimony of many writers on insanity, that a disposition to the disease is frequently transmitted from parent to child, through many generations. M. Esquirol has remarked, that this hereditary taint is the most common of all the causes to which insanity can be referred." (Taylor on Med. Jurisp. 502.) M. Esquirol was in 1838, and perhaps is still, the principal physician of the hospital for the insane at Charenton, in France, and a member of the Royal Academy of Medicine at Paris. His tables of insanity are held in high repute by not only the physicians of France, but of Europe. Well might Mr. Taylor say that these things ought to be borne in mind by medical jurists. The knowledge attained by men, of a subject with which they have grappled all their lives, ought surely to prevail against knowledge gleaned from the hornbooks of a profession to which the gleaners did not belong. Strange that a source of information open to every one else, should be closed to those who are to pass on the fact. Every man has observed that there are families, through which insanity has been handed down for generations; and why should the probability of hereditary madness be excluded, when probabilities in other cases are weighed; especially when it is known that a proclivity to theft, intemperance, lying, cheating, and almost all other moral vices, are as transmissible as gout, consumption, deafness, blindness, and almost all other constitutional diseases? It is supposed by the million that insanity is a disease of the mind, not of the body. Ridiculous. If it were, it

could never be cured; for the mind cannot take physic, or be separately treated; yet the statistics of the insane exhibit a great number of cures; and the time is fast coming when insanity will be considered the most manageable disease that flesh is heir to.

An objection to an inquisition, which does not disclose the specific nature of the ancestor's infirmity, might stand in a different light; but testimony, which brings the fact of madness home to him, ought to be received like evidence of family likeness, which, though less reliable, was allowed to be corroborative proof of paternity in the Douglass Peerage Case in 1767, and again in the Townsend Peerage Case in 1843. Lord Mansfield said in the former, that he had always considered likeness as an argument of a child being the son of a parent; that a man may survey ten thousand people before he sees two faces exactly alike, and that, in an army of a hundred thousand men, every man may be known from another; that if there should be a likeness in feature, there may be a difference in the voice, gesture, or other characters; whereas family likeness runs generally through all of these; for that in everything there is a resemblance, as of feature, voice, attitude, and action. Might he not have added the diathesis of the brain? He doubtless might if the point had been mooted. In prosecutions for bastardy, the practice in the Quarter Sessions was, in my day, not exactly to give the child in evidence, but to put it before the jury, sometimes by the prosecutor, and sometimes by the putative father. But ancestral irregularity in the action of the brain is more frequently transmitted than any resemblance in form or feature; and it is difficult to imagine an objection to evidence of it for purposes of corroboration.

The defendant excepted to the foregoing ruling ; but examined witnesses who had been in familiar intercourse with the testator during many years without having observed anything strange or eccentric in his conduct ; and the jury, having been out fifty hours, declared they never could agree ; whereupon they were discharged.—From the *American Law Register*, for April 1853.

ARTICLE III.

REPORT “ *On the Organization of Hospitals for the Insane,*” made by the standing Committee of the Association of Medical Superintendents of American Institutions for the Insane, at its Meeting in Baltimore, May 10th, 1853.

[The “Propositions relative to the Construction of Hospitals,” having met with so universal an approval from all connected with or interested in the subject, and a want seeming to the Association still to remain unsatisfied, a Committee was appointed at the meeting held in New-York, last year, to draw up a series of propositions that should in like manner embody the well-ascertained views of its members in reference to the “Organization of Hospitals for the Insane,” in regard to which there was no difference of opinion. As is stated in our report of the meeting at Baltimore, *postea*, “each proposition was taken up in detail, and minutely and fairly discussed before it was finally accepted.” As now laid before

our readers, the "Propositions" may be received as the authorised exponents of the views of the above Association "On the organization of Hospitals for the Insane."]

I. The general controlling power should be vested in a Board of Trustees or Managers, if of a State institution, selected in such manner, as will be likely most effectually to protect it from all influences connected with political measures or political changes; if of a private corporation, by those properly authorized to vote.

II. The Board of Trustees should not exceed twelve in number, and be composed of individuals possessing the public confidence, distinguished for liberality, intelligence and active benevolence; above all political influence, and able and willing faithfully to attend to the duties of their station. Their tenure of office should be so arranged, that where changes are deemed desirable, the terms of not more than one-third of the whole number should expire in any one year.

III. The Board of Trustees should appoint the Physician, and on his nomination, and not otherwise, the Assistant Physician, Steward and Matron. They should, as a Board, or by Committee, visit and examine every part of the institution, at frequent stated intervals, not less than semi-monthly, and at such other times as they may deem expedient, and exercise so careful a supervision over the expenditures and general operations of the Hospital, as to give to the community a proper degree of confidence in the correctness of its management.

IV. The Physician should be the Superintendent and Chief Executive Officer of the establishment. Besides being a well educated Physician, he should possess the mental, physical and social qualities, to fit him for the post. He should serve during good behavior, reside on, or very near the premises, and his compensation should be so liberal, as to enable him to devote his whole time and energies to the welfare of the Hospital. He should nominate to the Board suitable persons to act as Assistant Physician, Steward and Matron; he should have the entire control of the medical, moral and dietetic treatment of the patients, the unrestricted power of appointment and discharge of all persons engaged in their care, and should exercise a general supervision and direction of every department of the Institution.

V. The Assistant Physician, or Assistant Physicians, where more than one are required, should be graduates of medicine, of such character and qualifications as to be able to represent and to perform the ordinary duties of the Physician during his absence.

VI. The Steward, under the direction of the Superintending Physician, and by his order, should make all purchases for the Institution, keep the accounts, make engagements with, pay and discharge those employed about the establishment; have a supervision of the farm, garden and grounds, and perform such other duties as may be assigned him.

VII. The Matron, under the direction of the Superintendent, should have a general supervision of the domestic arrangements of the House, and under the same direction, do what she can to promote the comfort and restoration of the patients.

VIII. In institutions containing more than 200 patients, a second Assistant Physician and an Apothecary should be employed, to the latter of whom, other duties, in the male wards, may be conveniently assigned.

IX. If a Chaplain is deemed desirable as a permanent officer, he should be selected by the Superintendent, and like all others engaged in the care of the patients, should be entirely under his direction.

X. In every Hospital for the Insane, there should be one Supervisor for each sex, exercising a general oversight of all the attendants and patients, and forming a medium of communication between them and the officers.

XI. In no Institution should the number of persons in immediate attendance on the patients be in a lower ratio than one attendant for every ten patients; and a much larger proportion of attendants will commonly be desirable.

XII. The fullest authority should be given to the Superintendent to take every precaution that can guard against fire or accident within an institution, and to secure this an efficient night-watch should always be provided.

XIII. The situation and circumstances of different institutions may require a considerable number of persons to be employed in various other positions, but in every Hospital, at least all those that have been referred to are deemed not only desirable, but absolutely necessary, to give all the advantages that may be hoped for from a liberal and enlightened treatment of the Insane.

XIV. All persons employed in the care of the Insane should be active, vigilant, cheerful, and in good health. They should be of a kind and benevolent disposition, be educated, and in all respects trust-worthy, and their compensation should be sufficiently liberal to secure the services of individuals of this description.

PROCEEDINGS OF THE EIGHTH ANNUAL MEETING OF
THE ASSOCIATION OF MEDICAL SUPERINTENDENTS
OF AMERICAN INSTITUTIONS FOR THE INSANE.

Agreeably with the resolution adopted at the last Annual Meeting selecting Baltimore as its next place of Meeting, the Association met at the Eutaw House, in the above city, at 10 A. M., on the 10th May ult., when the following gentlemen were present :—

DR. FRANCIS T. STRIBLING, of the Western Asylum, Virginia.

DR. T. S. KIRKBRIDE, of the Pennsylvania Hospital for the Insane, Philadelphia.

DR. N. D. BENEDICT, of the New-York State Lunatic Asylum, Utica.

DR. TYLER, New-Hampshire Asylum, Concord.

DR. JOHN CURWEN, of the Pennsylvania State Lunatic Hospital, Harrisburg.

DR. C. H. NICHOLS, of the U. S. Hospital for the Insane, Washington.

DR. H. A. BUTTOLPH, of the New-Jersey State Lunatic Asylum, Trenton.

DR. J. FONERDEN, of the Maryland Hospital, Baltimore.

DR. W. H. STOKES, of the Mount Hope Institution, Baltimore.

DR. R. J. PATTERSON, of the Indiana Hospital for the Insane, Indianapolis.

DR. J. H. WORTHINGTON, of the Friends' Asylum, Frankford, Pennsylvania.

DR. KENDRICK, of the Ohio Lunatic Asylum, Columbus.

DR. BROWN, of the Bloomingdale Asylum, New-York.

DR. CLEMENT A. WALKER, of the South Boston Asylum.

DR. EDWARD JARVIS, of the Dorchester (private) Institution, Massachusetts.

DR. FRANCIS BULLOCK, of the King's County Lunatic Asylum, Flatbush, L. I.

The meeting was called to order by Dr. BUTTOLPH, the Secretary.

In the temporary absence of the President, it was moved, that Dr. Stribling do now take the chair; which being agreed to, the Association was declared organized for the despatch of business.

On motion of Dr. Kirkbride, it was

Resolved, That each member be authorized to invite such individuals and friends, as he may think proper to attend the meeting of this Association.

On motion of Dr. Fonerden, that a committee be appointed by the chair to prepare and arrange business for the meeting, the president named Drs. Fonerden, Kirkbride and Buttolph.

A resolution moved by Dr. Tyler, that a committee be appointed to nominate a place for the next Annual Meeting, was unanimously agreed to; and Drs. Nichols, Curwen and Tyler were appointed such committee.

Dr. Kirkbride would be happy to lay before the Association the plans of the Alabama Hospital for the Insane, now being erected at Tuscaloosa, which had been designed by himself, and drawn under his supervision. Dr. K. accompanied the exhibition of the drawing, with some details of the improvements made in its arrangements. The association warmly approved of the plans.

Dr. Nichols then requested the attention of the Association to the plans of the proposed new Asylum for the Insane of the Army and Navy and of the District of Columbia. The plans designed by him (Dr. N.) and wrought out by R. U. Walter, Esq., the architect of the National Buildings at the Capitol, having been submitted to and approved of by the National Government, were the working plans of the edifice, the drawings of which he had now the pleasure of laying before them.—Among other things he would call their attention to one point, viz., that the water and waste pipes, &c., are so arranged and combined that in the event of any repairs being needed they are easily accessible. The limited appropriation made by the Act of Congress which provides for the erection and establishment of this Hospital, rendered it impossible, or at least inexpedient, to lay the foundation of the whole structure at once, and it was therefore proposed to lay out and finish one wing only, at present, leaving the erection of the remainder,—the centre building and the other wing,—to be provided for by further appropriations.

Dr. Kirkbride regarded the arrangement of the water, waste and other pipes made by Dr. Nichols, as one of the greatest improvements lately introduced. He (Dr. K.) thought that much credit was also due Dr. Nichols for the mode he has adopted in the erection of the Hospital, viz., by commencing at the extremity of one wing, and thus doing practically what the Association believes in theoretically. He (Dr. K.) thought it should be always borne in mind that if the funds appropriated to an Insane Hospital are insufficient to finish it according to a most lib-

eral estimate, or doubtful, and that if it is found necessary to neglect any portion of it at the outset it should be the centre building and not the wings.

In the course of a conversation as to the advisability of Basement Kitchens in which Drs. Fonerden, Benedict, and Nichols took a part, Dr. Stribling said he thought that in a Southern climate they were objectionable: Dr. Benedict thought that in no climate were they expedient.

Dr. Jarvis announced that he had received two papers from Dr. Galt, of the Eastern Asylum, Virginia; one "on the Lincoln Lunatic Asylum, (England) and the method of treatment there," the other "on Pledges by the Insane."

Dr. Fonerden moved that they be referred to the Business Committee. Agreed to.

Dr. Kirkbride moved that one of Dr. Galt's papers—that "on Pledges," be read by Dr. Nichols. Agreed to.

Dr. Steuart, President of the Board of Directors of the Maryland Hospital, who sat with the Association by invitation, requested that permission be granted the architect of the New State Hospital for the Insane of Maryland, to lay the plans of that edifice before the Association; which being complied with, Mr. Niernsee, the architect, laid the working plan and drawings before the meeting. Various details of its arrangements were discussed at some length by Drs. Kirkbride, Benedict, Buttolph, and other members.

Dr. Steuart explained that the "Propositions as to the Construction of Insane Hospitals," adopted by the Association, had been kept in view in designing the present Institution, but that owing to the site, and other local or State causes, it had been found necessary to modify, without entirely departing from, some of its details.

The plan combines both the single and double range of rooms, a corridor and single rooms for the best and worst patients, and rooms on both sides of the corridor for the intermediate class. This combination seemed to meet with the approbation of the Association.

Dr. W. H. Stokes, on behalf of the Sisters of Charity of the Mount Hope Institution, tendered an invitation to the Association to visit that establishment on Wednesday afternoon. Referred to Business Committee.

Adjourned to 1 P. M.

AFTERNOON SESSION.

At 1 P. M. the members re-assembled, when Dr. Luther V. Bell, of the McLean Asylum, the president, Dr. Isaac Ray, of the Butler Hospital, the vice-president, and Dr. Stewart, of Blockley, appeared and took their seats as members of the association.

An invitation to visit the Maryland Almshouse, and the site of the New State Hospital for the Insane having been accepted by the Association, and carriages being then in waiting to convey the members thither no session was held.

The Association first proceeded to the Alms-House, which is located about two miles from the city, amongst very pleasant grounds, and upon a beautiful farm of some 300 acres in extent. The General Hospital appears to be very well conducted, but in the wards set apart for the Insane was seen a type of the treatment which this unfortunate class of our fellow-beings were subjected to in the darkest periods of their history. The Members of the Association keenly felt the reproach their condition is to the age in which we live; and consequently could not but express themselves strongly in reprobation of the treatment that obtains there.

From the Almshouse, a ride of some four miles took the members to the site of the New Asylum for the Insane. A violent storm of rain which occurred prevented the members from walking over the site, but the drive through the grounds, and a short space of clear weather when on the site, enabled them fully to appreciate the discrimination which had selected this spot for the new structure. The prospect on all sides of a highly-cultivated country, dotted with villas and country-seats—of Baltimore, lying about five miles distant—of the moving panorama, presented by the shipping on Chesapeake Bay—of the Eastern Shore of Maryland, and of the Atlantic Ocean beyond, with its contiguity and accessibility by Railroad, in addition to the water privileges it enjoys, and other desiderata, combine to make the location a most desirable one.—Dr. Steuart, the President of the Board of Directors, on whom was delegated the very responsible trust of selecting the site, had visited and inspected a great number of places with this view, but found none that agreed so fully with the requirements of the “Propositions on the Construction of Hospitals.” Great credit is due Dr. Steuart for his untiring and most philanthropic exertions in the cause of the Insane of his native State.

EVENING SESSION.

At 6 P. M. the members met at their Session Room.

Dr. Bell read Dr. Galt's paper "on the Lincoln Lunatic Asylum," (England.)

In this paper the writer expresses himself as much pleased with various modes of treatment adopted there, quite dissonant with the views and sentiments entertained by the Association.

Dr. Kirkbride objected to some of the sentiments of the paper. The almost indiscriminate admission of visitors, supported by the author, he thought very hurtful. While no respectable institution would object to the admission of visitors under proper regulations, and within certain bounds, he (Dr. K.) would never allow any visitor to enter a hall inhabited by patients of even the best class without having an officer in attendance upon him, in the institution that he was connected with.

Dr. Benedict thought that every thing good, as regarded the treatment of the Insane, recommended in the paper has been adopted and practiced for a great number of years in every institution making any pretensions to respectability in the country. He, (Dr. B.,) felt bound to express his entire dissent with the author of the paper on many subjects treated of in the paper just read. He most cordially concurred with Dr. Kirkbride's remarks relative to the admission of visitors, and must state that in his opinion a too free admission of visitors instead of proving beneficial to the patients, resulted in a positive injury.

After some further remarks from Drs. Stribling, Stewart, (of Blockley,) and Bell, following the same line of argument and deeming the views advanced rather retrogressive than otherwise, the paper was laid on the table.

Dr. Kirkbride read a paper "On the night care of the Insane."

The Association then adjourned to 9 A. M.

SECOND DAY—MORNING SESSION.

Dr. Smith, of the Missouri State Lunatic Asylum, took his seat as a Member of the Association.

Dr. Ray exhibited two specimens of Jones' Compression Faucet—one being the old, and the other a much improved one, having the advantage of being easily packed, &c.

Dr. Bullock laid on the table the plans of the new Asylum, for the Insane of King's County, N. Y. which met with the unanimous approbation of the Association.

The paper read by Dr. Kirkbride the evening before, "On the night care of the Insane," was then taken up and discussed.

Dr. Benedict concurred most fully in the views expressed by Dr. Kirkbride in his paper. He thought that the night care of the Insane was so generally acknowledged and understood, as to render it almost supererogatory to say any thing in its favor. In his own experience a fire had been discovered by the night attendant, and the alarm given, which, without this means of detection would, undoubtedly, have wrapped the building in flames. He considered a night-watch extremely useful in keeping up the police of an institution. He had also derived much benefit from the night-watch in curing filthy habits among a certain class of patients.

Dr. Curwen employs a night-watch, and fully coincides in Dr. Kirkbride's views as to the advisability of having a more extended care of the Insane at night. Dr. C. dwelt at some length on the very great benefits derivable from the night-watch in the cure of filthy habits in chronic cases: instancing several cases in his experience where a radical cure, it might be said, had been effected.

Drs. Smith, Stewart, (of Blockley,) Patterson, and Stribling, concurred in the utility of the night-watch. In the institutions under their charge a night-watch is regularly employed.

Drs. Tyler, Walker and Bullock were much pleased with the paper. No night-watch is employed in their institutions.

Dr. Ray dwelt at some length upon the merits of the paper, and upon the general question involved. He thought that there was a proneness to prefer our own individual ways, without giving to other plans that mature consideration which was desirable, and a trial, which alone would enable us to find out whether the same objects can not be attained by other, and less objectionable, means. He employs no night-watch, and thinks himself better off without them.

Dr. Jarvis said that, having private attendants for each patient under his charge, who also sleep with them, he did not keep up any night attendance, other than was necessary in case of sickness.

Dr. Kendrick said that a watchman was employed at the institution at Columbus, who passes through the halls. He, however, relied much upon putting two patients together for their mutual safety.

Dr. Brown stated that for thirty years Bloomingdale Asylum had been without any regular night-watch, but he believed that during Dr. Nichols' time, who has so recently discharged the duties of Superintendent

there, that a night-watch was maintained. The institution is without a night-watch, now, however.

Dr. Nichols replied, that to his predecessor at Bloomingdale, Dr. Pliny Earle, was due the credit of having originated a night-watch there.—He, (Dr. N.,) feeling convinced of the utility of the plan had maintained a night-watch there: he also concurred in the views expressed in Dr. Kirkbride's paper.

Dr. Bell said, that to keep an outside watchman to guard against fire was a debt paid to public sentiment. He must confess that he was not prepared to admit the necessity or utility of an in-door watchman as much as the tone of the paper seemed to imply. After the catastrophe at the Maine Hospital, it had been tried at the McLean Asylum, but gradually fell into desuetude. A watchman seemed to keep the whole house in an uproar—patients would fancy themselves seriously unwell, and having a messenger at hand would insist on seeing the Doctor immediately. As to the watchman being able to prevent suicide, that he thought almost impossible, for the chances were as 100 to 1 against his being on the spot where, and at the moment when suicide was being committed. The care of suicidal patients was so important that he thought it should not be intrusted to the casual visits and divided attention of a watchman. Attendants are watchmen; and they should be impressed with the necessity of disciplining themselves to sleep lightly; this is quite possible; cases are plenty in which persons have so accustomed themselves to sleep lightly that the least unusual noise awakens them. Homicidal and suicidal mania are so often co-existent that he thought no two patients should ever be put together; no attendant even should be put to sleep in a room with a suicidal patient, but an open latticed door should divide them. Persons in whom it was not known that a propensity to suicide existed were those who most frequently successfully perpetrated the act. The calling up of filthy patients by the watchman might have a good effect in cases of dementia, but not in mania.

Dr. Kirkbride explained some points treated of in the paper which had formed grounds of remark. He said he was cognizant of two cases of suicide having been successfully prevented by the night-watch, and nothing but the constant vigilance of attentive persons can prevent suicide. He thought that the noise caused by the watchman which Dr. Bell made a ground of objection to the use of a night-watch might be easily remedied by having the duties fulfilled by a careful person; he had known these duties performed with so much quietness that the patients were actually not aware that the watchman passed through their halls. He thought that in justice to the attendants who are employ-

ed in the harassing care of insane patients they should be relieved at night from the responsibility which attaches to their duties. Many attendants would sink under the weight of the thought that the responsibility of suicidal patients rested upon them when retiring at night. This idea would also prevent their having a sufficiency of sleep, than which nothing was more injurious, as it tended to make them irritable. He thought that it should be impressed upon attendants to accustom themselves to sleep through all noises, as it was thus only that they would be able to take that amount of sleep which was essential to the due performance of their duties. An occasional watch was worse than useless; and in his opinion a regular night-watch only was to be tolerated. Filthy habits in eight or nine chronic cases, with which he is acquainted, have been entirely cured in less than a twelvemonth by means of the night-watch. One night-watch, that is, one of each sex, should always be employed; two, and in some institutions, four, might be employed with advantage.

Dr. Kendrick said that the cure of filthy habits having formed rather a prominent subject of remark in the present discussion, he would take the liberty of throwing out a suggestion on this point, that the members of the Association might, perhaps, consider useful. He had known very advantageous results follow the use of injections of ice-water into the rectum. It was a mode of treatment adopted by him for the cure of filthy habits. The effect of the injection was to cause intense pain for a few moments, but he had never found it to fail in the desired result. Dr. Kendrick also alluded to the use of shower-baths.

Dr. Kirkbride would wish to raise his voice against the use of any means of torture.

Dr. Benedict was much surprised to learn that any means partaking of the usages of a past age, and which he thought had long been exploded from our Institutions, were still in existence. He protested against any such coerciory means, and against the inference that the gentleman had conveyed that either shower-baths or any other coerciory means were permitted, or were in use among us.

Dr. Jarvis had used injections of tepid water with very beneficial effects, not as coerciory, but as medical, means of treatment.

Dr. Bell said that some little favors and privileges might be granted, the withdrawal of which would be considered a punishment; further than this he could not go. The use of injections in a medical point of view he was quite prepared to admit, but to use ice-water injections as a coerciory means he thought inadmissible, and in the present age censurable. Modern and ancient hospitals are distinguished from each

other by this axiom "*Patients, now-a-days, are not responsible.*" A dose of senna or aloes would distress and gripe a patient very much; but if a medical man was to call a patient aside and tell him—"you have done so and so, which is wrong, and now to punish you for this I am going to give you a dose of something which will gripe you terribly," this he, (Dr. Bell) thought was equally wrong as to use the lash, the shower-bath—or the ice-water injections, although at the same time it might be, that the patient stood in need of, and would be benefited by, a strong cathartic. He would wish to reiterate what had been already said by Drs. Kirkbride and Benedict, and have it widely and distinctly known that the views and sentiments of this Association are directly and emphatically adverse to any penal or coercionary means being used or permitted in our Hospitals for the Insane.

Dr. Nichols then read a paper by Dr. Galt, "On pledges by the Insane."

A short conversation ensued on the subject-matter of the paper, in which Drs. Buttolph, and Kirkbride took a part.

On a motion that the paper be laid on the table,

Dr. Bell said that no one, perhaps, in the United States had given more attention or had made greater or more frequent trials on this subject than the late Dr. Woodward. But Dr. Woodward's views had very materially changed on this question, a few years before his death, adversely to the accepting of pledges from the insane.

The paper was then laid on the table for future discussion. [The press of other matter subsequently, however, prevented this discussion being resumed.]

After an interval of ten minutes,

Dr. Jarvis read a paper "On the effects of over or perverted action of the Brain or Nervous System on mental health."

A communication from the business committee relative to the visit of the Association to the Maryland Hospital having been made,

Dr. Kirkbride said, that he thought Dr. Jarvis had conferred a favor upon the community by the production of the paper just read by him.

Dr. Ray fully endorsed the views advanced in the paper, and the principles of education, modes and manner of life recommended by Dr. Jarvis.

The paper was further discussed by Drs. Fonerden, Bell, Smith and Jarvis. During a rather desultory conversation that arose, casual reference was made to the phrenological doctrines of the agency of the brain in the action of the mind. On this point very different views and opinions were held among the members of the Association.

Dr. Bell said he was not prepared to say that the brain is the sole organ of thought: he had no reason to believe otherwise than that it is the whole, and not any one part of the Nervous System that performs this function, and in which the faculty exists. Autopsies generally present no material lesion of the brain; changes, indeed, there are to be seen, but which may have occurred in *articulo mortis*. What symptoms have we seen that can lead us to infer that the brain is the sole organ of the mind? How rare it is for our patients to complain of pain in the head, and how entirely inefficient have all counter-irritants hitherto proved in diseases of the brain! He fully admitted the great importance of education as having reference to phrenology—educating the faculties, and not the *organs*. . . . All knew, too, that functional diseases eventually became organic. In conclusion he, (Dr. Bell) thought that it was false philosophy to assume that the brain, only, is the seat of mind; nor will any examination that can be made, shew us the seat of mind—neither the mind or its seat being visible to physical examination.

After a few words from Drs. Smith and Buttolph, who favored the phrenological views of the argument, but who appeared to be, however, largely in the minority, the Association adjourned to 3½ P. M.

AFTERNOON SESSION.

The Association having met at the hour appointed for its afternoon session, and intimation being given that the carriages to convey the members to the Mount Hope Asylum were then in waiting, it was agreed that the Association be further adjourned to 6 P. M.

The Mount Hope Institution is pleasantly situated within a short distance of Baltimore; indeed, so near is it, that the extension and improvements of the city, and the opening of new streets so far encroach upon its privacy, that but a short time can elapse before its removal to a more retired location will be necessary. The eighteen acres of land belonging to the institution are tastefully laid out in pleasure-grounds, walks, gardens, &c., &c. It is entirely under the control of the Sisters of Charity, Dr. Stokes, its excellent physician having charge only of the medical department, and who bears warm testimony to the high and efficient qualifications of the Sisters for the duties they fulfill. The very neat order and thorough cleanliness maintained in every part of the establishment, the general appearance of the patients and their freedom from restraint reflect much credit on all concerned with it. The mem-

bers having examined every part of the house under the guidance of Dr. Stokes, sat down to a very elegant cold collation prepared for them. The association then returned to the Eutaw House much pleased with their visit, and with the kind and hospitable manner in which they had been received by the Sisters.

EVENING SESSION.

The Association assembled at their Session Room in the Eutaw House at 6 P. M.

Dr. Ray read a paper "On undescribed Forms of Acute Maniacal Disease."

On motion of Dr. Tyler, the discussion of this paper was deferred for the present, and the Association adjourned to 9 A. M.

The remainder of the evening was passed by the members of the Association at the hospitable mansion of Dr. Steuart, President of the Board of Directors of the Maryland Hospital, whose name is intimately blended with all the improvements made in the condition of the Insane of Maryland.

THIRD DAY—MORNING SESSION.

The Association having met at the hour appointed, proceeded to discuss the paper read last evening by Dr. Ray "On undescribed Forms of Acute Maniacal Disease."

More fully to elucidate the discussion which followed, and to explain the bearing of some of the arguments advanced, we extract and condense some portions of this very interesting paper, which has been handed to us for publication, and which will appear in the next number of the "Journal of Insanity."

Dr. Ray describes seven cases that he had received, of which six terminated fatally. The Doctor then proceeds to state that though "examples might be multiplied, enough had been given, to justify the doubt, whether all the anomalous cases of acute maniacal disease, which are now so frequently witnessed in our hospitals for the insane, can be properly referred to that form of it which has been

described by Dr. Bell." . . . "From the discussion which followed the reading of this paper (Dr. Bell's, in 1849,) it appeared that, with one or two exceptions, no one felt sure that he had met with the disease in his own practice. At subsequent meetings of the Association, however, several members have spoken of its having been recognized by them; and at the last meeting a paper describing several cases was read by Dr. Worthington." "Dr. Benedict of the Utica Asylum, in his last report, includes in his admissions, eleven of what he terms '*exhaustive mania*,' and in the discussion which followed the reading of Dr. Worthington's paper, Dr. Benedict expressed the opinion that the form of disease here indicated was identical with that of Dr. Bell. The only fact mentioned in his report respecting it is, that they all recovered; after making every allowance for diversity of treatment, this fact alone would throw much doubt on their identity, since nearly all Dr. Bell's cases proved fatal." Dr. Ray then alludes to the class of cases described by Drs. Williams and Ranney (see vol. VII, p. 43, and vol. VIII, p. 145.) and which, as being distinguished from other forms of maniacal excitement, has been termed *typhomania*.

Dr. Kirkbride made some remarks on the paper, and in conclusion stated that in this form of disease, stimulants had been much more freely used in the institution under his charge during the past, than in any previous year, and with very satisfactory results.

Dr. Patterson had not met with any cases in the patients under his charge, presenting the types or symptoms of the disease described. Doubtless cases did occur in the section of country where he resided, but the probability was that they were kept at home, where they died. Patients are not conveyed early to the Asylum in his State.

Dr. Walker had met with one case in which the symptoms had assumed such a character that it was deemed advisable to have a Coroner's inquest to inquire into the matter, as strong suspicions were held in the community that the deceased had come to his death by foul means; this, however, was not the verdict of the jury, and he felt no hesitation in saying that it was one of that class of cases described by Dr. Ray.

Dr. Kendrick appreciated the full value of the paper; he had not himself witnessed any cases bearing a resemblance to those described, probably for the same reasons assigned by Dr. Patterson.

Dr. Stribling said, that from the location of the Asylum under his charge, he had not had any experience in cases of the nature described by Dr. Ray; he would not say that there were none to be met with in Virginia, but if there were the distance might have been so great as to

deter their friends from attempting their removal at the first onset of the attack, and they might have died whilst waiting such a measure of strength as would justify the friends in bringing them to the Asylum. He, however, used stimulants in other forms of disease, and with very pleasing success.

Dr. Brown has had four cases which very much assimilated to those described by Dr. Bell. He would much wish to see the paper read by Dr. Ray printed, as it would enable gentlemen to prove to their own satisfaction whether a case they might have under treatment formed one of the class described by Drs. Bell and Ray.

Dr. Benedict said, that it was with much diffidence that he ventured to differ with Dr. Ray, whose reputation and great experience were so widely and deservedly known. The eleven cases to which reference had been made in Dr. Ray's paper, called in his (Dr. B's) last annual report, *exhaustive mania*, he confidently believed to be well-marked cases of the form of disease described by Dr. Bell. They were certainly not cases of the ordinary acute mania described in books, and generally met with in Asylums, neither were they cases of that form of disease referred to by Drs. Williams and Ranney, and which is termed Typhomania.—He, (Dr. B.,) had had large experience in a General Hospital where emigrant fever abounded, and where Typhomania was frequently met with, so that he had no excuse if he had failed in discriminating between the one and the other. The classes in community in which the two diseases occur are very different; the mode of attack—many of the symptoms, and especially the character of the delusions—the progress and termination of the two diseases are widely at variance from one another. That the gentlemen from Indiana, Ohio, and Virginia had not seen this form of disease, he thought very possible from the facts adduced by them—that the locations of their institutions were such that patients might die at home. It was very different however, in New-York State. The Asylum at Utica was so easy of access, and the facilities of travelling were so great that even from the furthest point of the State to reach it was within the compass of a few hour's ride. The feeling that the Asylum is the only place to treat an insane person was so widely disseminated through the community that patients were hurried there in some cases with too much rapidity. This had formed a ground of caution from his predecessor, Dr. Brigham.... If the cases he had mentioned last year did not come under the same category with those described by Dr. Bell, then he was mistaken; but he felt very convinced that his judgment had not erred in classifying them with those; if they were not, however, then possibly they might be a form

of disease still undescribed. To the great facilities for travelling, to which he had already alluded, and to the treatment adopted—that of stimulants,—he attributed the recovery of the eleven cases.

[In answer to an inquiry by Dr. Bell, Dr. Benedict said that he gave stimulants very freely, in some cases, as much as twenty-four ounces of the best brandy in twenty-four hours.]

That the recovery of these eleven cases was an unusual coincidence he admitted, but the next three terminated fatally.

[In reply to Dr. Benedict, Dr. Ray here stated that the proportion of cases of the form of disease described by him was about 10 per cent of the admissions.]

Dr. Benedict then went on to state that taking into consideration the number of admissions at the Utica Asylum, which was equal to the aggregate admissions of several of the New-England Hospitals,—and the great similarity between the habits, modes of life, and general character of the people of New-England, and those of the State of New-York, it was scarcely probable that a disease to which one were so subject should not be met with in the other. It was certainly possible; and if that was the case, and that this disease should be one coming under that class, and from which the people of New-York State are exempt, then he, (Dr. B.,) had never seen the disease described by Dr. Bell. He shared in Dr. Brown's desire to see the paper put on record, and trusted Dr. Ray would permit its insertion in the *Journal of Insanity*.

Dr. Bell thought that the great facility of access to the Asylum at Utica made it easy for this class of patients to reach there. The cases Dr. Benedict had mentioned were cases of that description he had not the slightest doubt. He had lately made freer use of stimulants in the treatment, and with commensurate success. This disease differs widely from Typhomania, and is a disease *sui generis*. When the Association held its meeting at Boston, some three years since, there was a well-marked case of this form of disease then under treatment at the McLean Asylum, which was recognised without difficulty by two of the members of the Association on the occasion of their visit there.

In reply to Dr. Stribling for information as to Typhomania, Dr. Benedict described the symptoms, progress, &c., of that disease.

Dr. Ray said, that the paper read by him had been prepared rather hurriedly, and he possibly might have failed to mark sufficiently plain, some of the symptoms indicated by Dr. Bell.

Dr. Bell said there was a difficulty occasionally met with in discrimi-

nating between meningitis passing rapidly through its various stages, and mania; but with this disease it was wholly different. He had found no difficulty in classifying it; a few days affording ample time for that purpose. The symptoms on admission are different from those presented in mania; the person, on admission, when told where he is, for a moment comprehends what is said to him, but in a very short time, a few minutes even,—he relapses into his delusions, and if food is offered him questions as to whether it be not human flesh, &c. . . . There was certainly much similarity between this disease and delirium tremens, and if it had appeared in persons whose character would have laid them open to a suspicion of their being addicted to intemperate habits, would, undoubtedly, in many cases, have been referred to that cause, and have been called delirium tremens. But, and without a single exception, the contrary has been the case, it having occurred only in persons whose moral character was unimpeachable. Females have furnished a fair proportion of cases. One case occurred in a person who had been insane and under treatment for a number of years (a female, suffering with monomania); the disease passed through its various forms and exacerbations, and terminated in death.

Dr. Ray said that he had found etherization very beneficial in enabling the administration of food and medicine.

Dr. Bell thought that etherization might be valuable as an adjuvant to opiates in inducing sleep. Dr. Bell then described a case where chloroform had induced insanity in a lady to whom it had been applied by a dentist. This lady having remained a year under his charge had very suddenly committed suicide, although she had never before betrayed any traits of suicidal mania.

Dr. Kirkbride has had two cases under his care, whose insanity, their friends have not the slightest doubt, was induced by etherization and chloroform.

Dr. Stribling moved that a committee of finance be appointed, which being agreed to, Drs. Kirkbride, Stribling, and Buttolph, were appointed.

A letter was read from Dr. Chandler, of the Worcester Hospital, excusing his unavoidable absence from the meeting; and from Dr. Earle, asking for such reports of Asylums for the Insane as had not reached him; also from Dr. Mead, of the private Asylum, near Cincinnati, calling the attention of the Association to his Psychological Journal, of which copies were laid on the table by the Secretary, Dr. Buttolph.

Dr. Tyler, from the committee to select a place for the next meeting, said that they named the city of Washington.

Dr. Ray moved an amendment that Providence, R. I., be substituted for Washington; he further moved that the next meeting be held two years from that date.

Dr. Stribling would suggest that the future meetings of the Association should be so arranged as to meet at the same time and place as the American Medical Association. He thought it would lead to good results, by enabling them to diffuse information on the specialty to which they applied themselves, among their professional brethren otherwise engaged.

Dr. Kirkbride thought Dr. Stribling's suggestion utterly impracticable. For the short period during which the Association met, the business brought before them gave ample employment to its members; and he considered it most important that they should keep themselves entirely distinct from all other bodies whatever.

Dr. Bell thought that the locality of new Asylums offered a very desirable point of meeting; as it would induce a harmony of action, by causing new institutions to send their superintendents to attend the meetings. It would also create a more general desire in the community to reap the benefit of what experience the Association may have.

Dr. Ray's opinion was that the Association exerted no influence whatever upon the community other than through its publications.

Dr. Kirkbride was of opinion that the influence of the Association would be much impaired were its meetings to be held less frequently than at present.

The amendments proposed by Dr. Ray having been separately put to the meeting by the chairman, were severally rejected, and the nomination of the committee very generally supported.

Dr. Kirkbride, from the committee appointed last year to draw up a series of propositions embodying the views of this Association relative to the Organization of Hospitals for the Insane, then read a draft of the results of their labor.

The two first propositions were then discussed at some length.

Dr. Steuart, President of the Board of Directors of the Maryland Hospital, by invitation, explained the organization of that Asylum, and gave a very interesting, and in some degree detailed historical account of the institution from its foundation up to the present time.

The further discussion of the propositions was then adjourned, on motion of Dr. Kirkbride, in order that a paper prepared by Dr. Stokes be then read.

Dr. Stokes then read a paper "On the advantages and expediency of establishing in each State or other district, a board or commission of ex-

perts, for the purpose of investigating and testifying in trials, criminal and civil, where the question of mental soundness is involved."

Dr. Bell read a paper which, being on the same topic as Dr. Stokes',

On motion of Dr. Stribling were both laid on the table, the discussion of the two to be taken up together.

Adjourned at 2 P. M. to meet at the Maryland Hospital at 4 P. M.

Carriages being then in waiting to convey the members to the Maryland Hospital, they proceeded there at once. The Institution is located in the suburbs of the city, on a gentle elevation. Under the guidance of Dr. Steuart, President of the Board of Directors, and Dr. Fonerden, the resident physician, they examined the establishment thoroughly, and expressed themselves as much gratified with the neatness and good order observable, and the general appearance of comfort among the patients. The very limited extent of land belonging to the institution is a great drawback, as not giving a field for the exercise of that manual labor which is now considered so necessary an adjunct to medical treatment in the cure of Insanity, and in maintaining the physical health of patients. This deficiency, however, Dr. Fonerden, seems to remedy as far as in his power by the systematised walks of patients in the airing-courts of the Hospital. But this defect will be further and entirely obviated at the new Asylum which is now in course of erection, and which has 130 acres of land attached to it. During their visit to the Hospital the members partook of a very bountiful and elegant repast prepared for them. They also held a session in one of its spacious rooms. An unusually lengthened and animated discussion was had of the "Propositions" read in the morning by Dr. Kirkbride, in the course of which many interesting facts were elicited, which were we to dwell upon would extend our report beyond our utmost limits. Each proposition was taken up in detail, and some verbal alterations and additions made. The propositions as now laid before our readers have the unanimous approval of the Association, and are the well-matured views and sentiments of its members.*—Adjourned.

EVENING SESSION.

The members having assembled in their Session Room.

On motion of Dr. Kirkbride, Dr. Bell was appointed chairman of a committee on resolutions, to express the sense of the Association with reference to the courtesy and generous hospitality extended to its members during their stay in Baltimore, and also with regard to the visits

* See page 67, *ante*.

paid by them to various public institutions. Drs. Stribling and Kirkbride were afterwards added to the committee.

The Treasurer, Dr. Kirkbride, reported from the Finance Committee, that no expenses had been incurred, and consequently that the balance remaining in his hands was the same as last year.

The papers read by Drs. Bell and Stokes in reference to the criminal insane, and to the subject of medical testimony generally in criminal and civil questions where the question of mental soundness is involved, were discussed.

Dr. Kirkbride read a paper "On the forcible administration of food in order to preserve life." A brief discussion on the subject was held.

On motion of Dr. Patterson, it was

Resolved,—That this association regards with continued admiration and unabated interest, the benevolent and unwearied efforts of Miss D. L. Dix to secure ample provision for the proper care and treatment of the insane of our country, and that she is entitled to our warmest sympathies and co-operation in her efforts to promote the great cause of philanthropy.

Resolved,—That the Secretary be instructed to furnish Miss Dix with a copy of these resolutions.

Then adjourned to meet in the city of Washington at 11 A. M., on Friday.

FOURTH DAY.

The members of the Association left Baltimore in the 9 A. M. train, and on their arrival in Washington found carriages prepared to convey them to the site of the new United States Hospital for the Insane of the Army and Navy and of the District of Columbia, and for the erection of which an appropriation of \$100,000 was made by the last Congress. The farm selected is about two miles from the Capitol, and is eminently calculated for the purpose intended, having privacy, beautiful scenery, and unusual facilities for the various arrangements desirable about such an institution. Dr. C. H. Nichols, who has been appointed Superintendent, is directing the building operations, and is admirably qualified, by habits, education, and previous pursuits, for his important post. If the Government carries out this object with the good judgment thus far shown, the institution will be one of which the whole country may feel proud.

After visiting the Capitol, the Smithsonian Institute, and other points of interest in the city, the members of the association, by special appointment, paid their respects to President Pierce, by whom they were most courteously received at the Executive mansion.

The President expressed his gratification at meeting such a body of scientific men, and his deep interest in the cause in which they are engaged. He had himself been a Trustee of the New-Hampshire State Hospital up to the time of his removal to Washington, and fully appreciates the importance of a wise and liberal provision for all this class of the afflicted.

After leaving the President's, the association met at Willard's hotel, to complete the business for which they had assembled.

The propositions relative to the organization of Hospitals for the Insane, agreed to yesterday, were directed to be entered on the minutes and published as the unanimous sentiments of the association on the subjects referred to; and it was recommended to the different superintendents to publish them, with those previously adopted, as an appendix to their Annual Reports, for the purpose of giving them more general publicity.

The following resolutions of thanks were then moved, *seriatim*, and ordered to be printed:

Resolved,—That the members of this association have visited, with great interest, the Maryland Hospital for the Insane, under the medical care of Dr. Fonerden, and the Mount Hope Asylum, under the medical care of Dr. Stokes, and tender to these gentlemen their cordial thanks for their generous hospitality no less than their personal attentions and kindness on the occasion of their visits.

Resolved,—That the thanks of the Association are especially due to Dr. R. A. Steuart, of the Maryland Hospital, for the bountiful hospitality, and his unwearied efforts to render agreeable the visits of the members to the different public institutions with which he is connected.

Resolved,—That the thanks of the association are due and are hereby tendered to the Sisters of Charity for the elegant entertainment provided for the association, and for their personal attentions to the members during their visit at Mount Hope.

Resolved,—That the thanks of the members of the association are also due to the medical officers of the Baltimore Alms House for their courteous and kind attentions during their hasty visit to that institution. While the Hospital for the sick connected with the Alms House appears to be well conducted, the association regrets that a sense of duty compels them to say, that it is in striking contrast with the wretched provision made for the Insane in the same building—a visit to whom, and a personal inspection of their lamentable condition could scarcely fail to stimulate the people of the State to provide at the earliest possible day such Hospital arrangements as would forever banish from amongst them, a state of things unworthy of the age!

Resolved,—That a present inspection of the site of the new Maryland State Hospital for the Insane, impressed the members very favorably with the good judgment manifested in its selection, and its general appropriateness for the purposes intended.

Resolved,—That the members of the association, after a careful visit and examination of the site for the U. S. Hospital for the Insane of the Army and Navy and of the District of Columbia, have great satisfaction in being able to express their entire approval of the situation selected for the institution, and of the plans for the building, which have been adopted by the Government. They also regard the determination of the officers of the general government that this Hospital shall be erected under the immediate superintendence of a gentleman familiar with the whole subject, as worthy of especial commendation, and as tending with much certainty, to secure an institution worthy of the country to which it will belong.

Resolved,—That the thanks of the members are due to Dr. C. H. Nichols for his unwearied attentions and courteous hospitality during the visit of the association at Washington.

Resolved,—That the thanks of the association are due to Mr. Jackson of the Eutaw House, for his liberal provision for the meetings of the association, and for which, on account of its benevolent character, he declined receiving compensation.

Resolved,—That these resolutions be published, and that the Secretary be instructed to transmit copies of them to the several parties mentioned, to the U. S. Hospital, to the President of the United States, and to the Secretary of the Interior.

The association then adjourned to meet at the City of Washington, on the second Tuesday of May, 1854, at 10 o'clock, A. M.

After their adjournment, the members partook of an elegant dinner, provided by Dr. Nichols, at Willard's hotel, presided over by the Mayor of Washington, and attended by several of the prominent physicians of the District.

S U M M A R Y .

Baths and Cold Water.—M. Pinel (nephew) has read a memoir on the treatment of acute insanity, by prolonged baths, and by pouring cold water on the head. The following are the results :

We have treated 157 cases, classified as follows ; Maniacal Delirium, 57 ; Lypemania 38 ; Delirium Aithers Melancholy 20 ; Suicidal Delirium 21 ; Delirium Tremens 16 ; Entomania 5 ; Total 157. Males 91 ; Females 66. The moral causes far exceeded the physical ; 122 of the first ; and 39 the last ; 37 cases were hereditary ; 79 were unmarried, (50 males, and 29 females ; 66 were married, 12 were widowers ; the mean age was about 32 years ; *one hundred twenty-five were cured*, 4 died ; 7 improved ; 21 remaining under treatment. Of those cured, the mean continuance of the disease had been about two and a half months. There had been 25 relapses—but half of these had been treated again with success.—*Journal De Medecine and Chirurgie, December, 1852.*

Irish Lunatic Asylums.—"We say that we are disappointed at the slow progress made toward putting the great goverment Asylums of Ireland on a firm and proper *Professional* basis. We have before us the last Annual Report on the District Lunatic Asylum, Clonmel ; written by Dr. Flynn, and printed by order of that Institution. At page 15, we find that only five asylums, viz :

Belfast,	--	--	--	with 204 patients,
Carlow,	--	--	--	" 198 "
Limerick,	--	--	--	" 311 "
Earyboro,	--	--	--	" 197 "
Clonmel,	--	--	--	" 133 "

have resident Medical officers. We do not include Dundrum, because it is not a district (in the Parliamentary sense) Asylum ; and we find that six District Asylums, viz :

Derry,	--	--	--	with 223 patients,
Armagh,	--	--	--	" 132 "
Richmond, (Dublin)	--	--	--	" 287 "
Balinasloe,	--	--	--	" 300 "
Waterford,	--	--	--	" 137 "
Cork,	--	--	--	" 410 "

have no resident Medical officers of any kind. This state of things is bad enough, in a professional point of view, and we trust that Lord Shaftesbury, or some other benevolent and industrious member of the Legislature, will not let such a state of things go on without making an effort to supply a remedy."—*Medical Times and Gazette*, Sep. 4, 1852.

Insane and Idiots in Denmark.—At a Meeting of the Statistical Society (London) held Feb'y 21, 1853, a paper by Dr. J. R. Huberts, of Copenhagen, was read "On the Statistics of Mental Diseases in Denmark." The author divided these into two classes, idiots and lunatics, and included in the former those who were affected in early childhood, although not born with an impaired intellect, and therefore, strictly speaking, not idiots. The total number affected with mental derangement in Denmark, was 3,756, of these 1,865 were males, and 1,891 females. The number of idiots and lunatics respectively were 1,995 and 1,761. Of the idiots 1,066 were males, and 929 females, and of the lunatics, 799 were males, and 962 females: thus idiocy was more prevalent among males, and lunacy among females. *Insanity was far most prevalent among Calvinists*, in proportion to their number, than any other persuasion. As regards age, the culminating period for idiots was for males from 20 to 25, and for females from 15 to 20; and in the case of lunatics, for males from 35 to 40, and for females, from 45 to 50.—The author shewed that insanity was of shorter duration in towns than in the country, and that it attains its maximum of intensity in places the most northerly and the most removed from the centres of civilization. The paper concluded by an elaborate survey of the causes which lead to insanity, in which was comprised the abuse of spirituous liquor, and the undue prevalence, in some parts, of the widowed state.—*Athenæum*, Feb'y 26, 1853.

Ohio Lunatic Asylum.—"When I asked the physician, Dr. Smith, a native of Sweden, which class of society furnished the majority of lunatics? he answered, to my astonishment, 'the farmers, they work too hard and have no holiday. Rest, here in the Asylum, restores them almost always.' I had thought that the gambling population of the cities, with their sudden fortunes and reverses, were nearer to the brink of mental alienation, than the agriculturalists, with their regular and steady pursuits. But the remark of the physician is certainly profound."—*Madame Pulszky's White, Red, Black*. Is Dr. Samuel Hanbury Smith, a Native of Sweden? We doubt.

Moral Insanity?—We copy the following from the *Le Droit* (Newspaper) of March 19, 1853.

Two young girls, Adele and Lucie, aged 13 and 17 years, whose parents resided in the provinces, were placed by them with a corset maker in Paris, as apprentices to the business. Adele, the youngest, was amiable and industrious. The oldest, on the contrary, was ill tempered and was soon excluded by her companions from their amusements.—Irritated by this, she employed various means of displaying her feelings, broke her needles and scissors, tore the work on which she was engaged, and told her mistress that she should no longer stay in Paris, but must go home.

This conduct was met with a justly severe punishuent, which she received with apparent resignation and returned to her work.

But her rage was not the less concentrated. During the night, she awoke her younger sister, and by every means in her power, by caresses and promises of presents, as well as by menaces, urged her to kill her new sleeping mistress. She had even, concealed for this purpose, a sharpened knife taken from the kitchen, and which was supposed to have been lost.

These threats greatly frightened Adele, but she did not consent. One night she was awoke by finding Lucie had put a strip of lace around her neck, with a running knot, and threatened to strangle her unless she would comply. She raised a cry, which aroused her mistress, and who desired to know the cause. Adele replied that she had been frightened by a dream.

Despairing of the aid of her sister, Lucie now resolved to complete the murder herself. She collected fragments of glass, reduced them to powder, and mixed them with the food of her mistress. The latter soon suffered severe pain in the bowels, and took medicines for it. Soon, however, the powdered glass was discovered in a separate state.

Lucie, on being charged with it, before her fellow-apprentices, stoutly denied having had any thing to do with it, but Adele, pressed with questions, confessed with many tears, the guilt of her sister.

Lucie was duly arrested, and her case examined. It appeared in evidence, that her grandfather had repeatedly attempted murder, and finally had strangled his own wife. When brought before the judicial Tribunal, physicians appointed to examine his state of mind, deposed that he was laboring under homicidal mania, and in consequence he was placed in a Lunatic Asylum.

None of his children ever manifested symptoms of this disease, but it would now seem to be reproduced in one of his grand children. It is to be hoped that a judicious treatment will cure her of this.—*Journal De Medicine et De Chirurgie, April 1853.*

Statistics of Goitre and Cretinism in the Department of the Lower Rhine.—By Dr. Tourder, Professor in the Faculty of Medicine at Strasburg.

The author concludes his memoirs with the following results.

Cretinism and goitre exist as endemics in the department of the Lower Rhine. The census taken in 1852, by the Physicians of the cantons, presents the following returns.

	Number of Communes in which they occur.	Cretins.	Goitre.	Total.
Arrondissement of Strasburg...	16	99	160	259
“ of Schelestadt.	17	26	635	681
“ of Wissenburg,	1	—	8	8
“ of Saverne,....	4	—	50	50
	38	125	873	998

This number is evidently a minimum, and is doubtless less than the reality.

Goitre and Cretinism have their principal seat on the banks of the Rhine. Two valleys in the Vosges also suffer under this endemic; 28 of the above 38 Communes, situated on the banks of the Rhine, contain 114 Cretins, and 774 Goitrous persons, 18 of these Communes are between the Rhine and the Ill, and most of them are marshy, the inhabitants poor, and their dwellings unhealthy. These indeed are the centre of the above diseases. The grounds are low and moist, exposed to frequent inundations, and in spite of all attempts at drainage, covered with marshes.

Ten other Communes, situated in the vicinity of the Rhine, on moist lands, which are traversed by two of its tributaries, contain 43 Cretins, and 76 Goitrous. There the Banks of the Rhine become higher and the soil is sandy. Here these diseases cease.

As to the Valley of the Vosges, mentioned above, they contain about a dozen Cretins and 90 Goitrous. The cause there is somewhat uncertain. All we can say, is that the population is among the poorest in the Department.

The middle portions of this Department, and the plains and hills that extend from the Rhine and Ill to the Vosges are exempt from the affection.

Magnesia has been found in the waters of some of the Communes, where Goitre and Cretinism abound. But again, it also occurs in places where the disease is decreasing, and indeed also in others where it is unknown.

The female sex is principally affected with these Endemics. But, on the whole, they are remarkably decreasing in frequency. This is manifest, from the fact that most of the young escape their effects. This change is evidently connected with improved drainage and increased dryness of the soil. The attention that has been paid of late years to the improvement of the general health, has also been very salutary.—*Bulletin De L'Imperiale Academie De Medecine, Dec. 21, 1852.*

Medical Jurisprudence of Insanity.—Messrs. Little, Brown & Co., of Boston, have recently produced the third edition of this work, by I. Ray, M. D., with additions. Though the first was thought nearly faultless, the author's subsequent experience and reflection must have considerably improved what came before the public in 1838. It would be a needless waste of time to describe the peculiar excellencies of this important treatise. Lawyers and physicians generally are quite familiar with its merits. If there are any members of either of these professions who are not so, an opportunity is now afforded of making up for lost time.—In its present aspect, Dr. Ray's book is a large octavo of 520 pages, in a clear, distinct type and on good paper. No point seems to have been neglected, of the least importance, that might aid in understanding the delicate and almost infinite shades of lunacy. Idiocy, imbecility, pathological symptoms of mania, intellectual and moral mania, legal consequences of mania, dementia, febrile delirium, duration of madness, lucid intervals, simulated insanity, concealed epilepsy, suicide, somnambulism, effects of insanity on evidence, drunkenness, legal consequences, interdiction and isolation, and the duties of medical witnesses, are the heads of some of the numerous subjects ably discoursed upon in the work.—The publishers deserve a generous patronage.—*Boston Medical and Surgical Journal.*

A M E R I C A N
JOURNAL OF INSANITY.
FOR OCTOBER, 1853.

ARTICLE I.

ON UNDESCRIBED FORMS OF ACUTE MANIACAL DISEASE.—By I. RAY, M. D., Superintendent of Butler Hospital, R. I. *Read before the Annual Meeting of Medical Superintendents of American Institutions for the Insane, held at Baltimore, May 10, 1853*

AT the meeting of this Association in 1849, a paper was read by Dr. Bell upon a form of maniacal disease which, in his opinion, had never been distinctly recognized. From the discussion which followed the reading of the paper it appeared that, with one or two exceptions, no one felt sure that he had ever met with the disease in his own practice. At subsequent meetings of the Association, however,—at all of which it has been made a subject of discussion,—several members have spoken of its having been recognized by them; and at the last meeting, a paper describing several cases was read by Dr. Worthington. The subject is well worthy of our attention, and in the present state of our knowledge no additional fact can be entirely destitute of value.

The precise question raised by Dr. Bell in the paper referred to, I apprehend to be this, viz., whether the disorder he describes is marked by a certain uniformity of character by which it is readily recognized and distinguished from all other disorders, just as typhoid fever is distinguished from all other fevers; or is merely one of those manifestations of cerebral disease, which are so various in their characters as to defy every attempt to group them by any common bond of affiliation, besides the negative one of being something more or less different from acute mania as defined by medical authorities. No one, I think, can have failed to observe that cases of cerebral disease accompanied by mental derangement, but differing very widely from the ordinary phases of mania are of frequent occurrence in our hospitals for the insane. It is not quite obvious whether Dr. Bell intended to embrace all these anomalous cases within the general form which he describes, or referred to a certain portion only. If, however, he recognized the fact that many of them could not properly be associated with the group he established, then the precise distinction between them is not so clearly indicated as to prevent any doubt or discrepancy of opinion. The thoughtful observer, when his attention is once carefully directed to the subject, may meet with successive cases which he recognizes, without a doubt, as belonging to this form of disease; but sooner or later he meets with others which lack some of its strongest traits, while they are certainly not what is generally understood as acute mania. Obviously, therefore, any attempt to classify the various forms of cerebral disease in which mental derangement is a prominent symptom, must fail, without clear and precise ideas of what acute mania really is, and what it is not. Curiously enough, books on insanity furnish us with

no light on this point, principally for the reason, I suppose, that their authors had a very limited practical acquaintance with the disease. The specific distinctions which have been made by nosologists, refer, almost entirely, to the mental manifestations, while the broad field that lies between unequivocal mania and unequivocal cerebral inflammation, has seldom been traversed by intelligent inquirers.

The characters which distinguish the new form of disease from mania, are, according to Dr. Bell, the following. "1. The mental disturbance is rather delirium than mania. 2. The appetite and digestion in mania are usually good, or præternatural, when the system is undisturbed by medicinal agents. 3. In mania, the sleep, however much abridged, is still existent. 4. Mania scarcely, if ever, has a duration short of two months, is preceded by strangeness and other doubtful signs,—rarely if ever, having a decidedly acute onset, and perhaps, is always followed by a period of depressed spirits. 5. Mania rarely, if ever, terminates in death, while this is a very fatal form of disease. 6. The bodily strength in mania is maintained from first to last. Here the immense collapse, except under the wild, although confused excitement of apprehended danger, is presented within the first few days,—perhaps forms the very earliest token of disease."

The characters here attributed to mania are, unquestionably found in a great majority of cases, but in regard to each and to all, the exceptions are not unfrequent. In proper mania, the aberrations are occasionally those of delirium,—and the fact is sufficiently frequent, perhaps, to destroy its value as a diagnostic symptom. In the first stage of a case of mania when rapidly developed, the appetite, according to my impressions, is oftener poor

than otherwise. The utter loss of sleep which is witnessed day after day, and night after night, in Dr. Bell's disease, is certainly a very strong peculiarity, but I am not sure that the same event does not sometimes occur in mania. In regard to the duration of mania, I apprehend that the common opinion among men much conversant with insanity, would hardly sustain the statement, that it rarely, if ever, is less than two months, reckoning from the first intimations of disorder to the complete establishment of convalescence. In regard to the onset of mania, I can call to mind cases where it was as sudden and abrupt, as in any of the new disease; and where, too, the excitement was not followed by any obvious depression. That cases of mental disease, having no affinity to this new form, sometimes terminate in death, is a fact which I had supposed to be confirmed by the common experience of the profession; and in those cases, it is also noticed that the bodily strength sensibly diminishes.

If now it be replied that these apparent exceptions to the general rule, were not really mania, but something else, the question then comes back to us, what is mania, and until this point is settled, we shall only be reasoning in a circle. Neither is the difficulty entirely disposed of by the fact that, while the above mentioned traits may, individually, appear in other forms of mental disorder, their association in the same case characterizes a special form of disease. This we are not inclined to deny, but how are we to dispose of those cases in which some members of the series are absent, for this happens too often to be regarded in the light of an unimportant exception. The force of the objection will be more apparent, however, in the accounts of some actual cases which I condense from our case-book.

Case 1, Jan'y 13, 1851. Admitted E. D., a female factory operative, 23 yrs. old. Always of rather a spare, thin habit, she began to have, about a year since, what her friends call "nervous spells," in which she seemed much excited, talking wildly and a little incoherently. They continued but a day or two, and then she resumed her employment, seeming however rather depressed. Is now in one of these states of depression following excitement, which began a week ago, but the depression, for a day or two past, has been a state of apparent unconsciousness. From this time forward, she occasionally roused herself and asked where she was, but with that exception noticed nothing, lying quietly in bed. Pulse ranged from 70 to 85, and sometimes rather full, tongue heavily coated, food loathed and rejected, and bowels constive.—How much she slept, could not be ascertained, though the record speaks, one day, of her being in a deep sleep. On the seventh day, one cheek began to swell, and shortly after, pointed and discharged. At this period too, she became a little more restless, and on the tenth day died.

Case 2. Feb'y 25, 1851, admitted L. S., married woman, aged 44, large, stout and muscular, with nervous temperament. Has exhibited indications of alienation for a month or two, her friends think, in doing her work in peculiar ways, leaving her house at unreasonable hours, &c. Became much interested in a "revival of religion" that was going on in her village, and about ten days since, thought she had experienced religion and was very happy. Next day feared she had deceived herself and committed the unpardonable sin, and became agitated and restless. Finally, showing some suicidal disposition, she was removed from home, and placed in

the hospital where she died the fourth day after admission. During this time, her look was anxious and bewildered, often groaning and wringing her hands, seldom setting down, and bent on passing through every door that was opened. Said but little, and that was marked with incoherence. Refused food which she said was poisoned, bowels costive, tongue coated, pulse small and frequent. Was supposed to have slept a little one night if not two, but was generally found standing up and groaning. On the fourth day after admission, not appearing quite so strong, she was persuaded to lie down. Soon after, her breathing became laborious, her countenance changed, and within an hour, she died.

These two cases, it will be observed, did not present that prominent, if not essential, feature of Bell's disease, a very sudden onset, but the explosion was preceded by a well-marked mental disturbance of some duration. Neither did they present that other prominent feature—excitement followed by collapse. In other respects, the loathing of food, the loss of sleep, the delirious character of the thoughts, the brief duration, they are conformable to Bell's description. If they are, consequently, not to be considered as instances of the new form of disease, the question comes up, whether they can more properly be regarded as acute mania. If they belong to neither the one nor the other, they must represent another form of disease, unless we conclude to enlarge the boundaries of those already established.

Case 3. A. T. W. G. admitted August 11, 1852, a young man aged 20, farmer. About two months ago, he began to talk about some machinery of which he had formed the plans in his head, and which, though perfectly absurd, he was desirous to get patented. This notion

absorbed all his attention, and he abandoned his farm entirely. In the prosecution of his favorite object he came to Boston, and stayed with two brothers to whom he was incessantly talking about his plans. They regarded him as insane, and watched him narrowly, and as he was very restless, one of them walked about the city with him all day yesterday. In the evening he slipped away, got into a street fight and was arrested by the police. This morning he came down in the cars quietly, though knowing for what purpose; walked over from the station (a distance of three miles), and said he was willing to stay.

Soon after admission, he assaulted another patient and when the attendant interfered, turned upon him. Ate his dinner and supper, slept somewhat in the night, and was quiet till four o'clock when he became quite noisy. Ate his breakfast, inquired about his brothers, and asked the attendant, if he should ever get well. Discourse rather incoherent, pulse frequent, tongue slightly coated. He soon became much excited, and continued so during the day, and subsequent night. He was noisy through the night, and probably slept none. In the morning he appeared very languid and not easily roused. He took some brandy, became noisy for about half an hour, then again became languid, and in the course of an hour died.

In this case there was a well-marked incubation of the disease, there was no collapse, and the discourse was generally not delirious. With this exception, it manifested the features of Bell's disease, while the short duration and sudden death on the other hand, show it not to be mania.

Case 4. M. A., a female servant aged about 40, admitted April 18, 1850. Two days before, suddenly be-

came highly excited, and destroyed much furniture. Is in good condition, and has previously been in good health. Is now still and taciturn. Pulse frequent, but not small. Refused all food for several days, and it was given by the tube. Tongue coated, and secretions of the mouth intolerably fœtid. In this condition she remained without much change, except that occasionally she roused from her torpid state and became rather noisy for an hour or two, until the 30th. At this date some erysipelatous inflammation appeared about the right side of the face, particularly the lip. Next day inflammation had extended to the other side, quiet all day, but towards evening, breathed heavily, and was not easily roused. Died next morning—the fourteenth after admission.

This case had a sudden onset and a short duration, delirium and loathing of food, but it wanted those prominent features of Bell's disease, excitement followed by collapse, the shrunken face, and rapid emaciation. The erysipelas was obviously not the cause of death, but rather a result of that peculiar condition of the system which led to death.

Case 5. C. W., aged 36, married, youngest child three months old, was admitted March 30, 1839. About three weeks since, observed to be low-spirited, and within a day or two her discourse became obviously insane. "Mind ran upon every thing," said the friends, "although occasionally, pretty straight." For a week past has had no calm and quiet intervals. Countenance pale and haggard with a bewildered expression. Pulse small and frequent, tongue dry and coated, no appetite, has taken no food for two days. Says but little, and that is delirious. Previous to this attack has been regarded as in very good health. Has the aspect of great

physical weakness. She continued with little alteration except steadily getting weaker, until the fourth day after admission, when she died.

The invasion of the disease was here not so sudden as in Bell's cases—not more so perhaps than happens in many cases of mania—but in every other respect, it showed more affinity to them than to mania, especially in the rapid consumption of the vital energies.

Case 6. S. L., admitted Feb'y 21, 1851, male, printer, aged 36. Lately much interested in religious matters. Four days ago, without the least premonition, he suddenly became wild and boisterous, declaring he had a call to preach, and was disposed to run into the streets. Has continued ever since quite wild and violent, without sleep or food. A small, spare man but in good condition, countenance tolerably bright, pulse 80. Tranquil now, denies that he is insane, but is willing to stay. Continued calm during the day, and talked with some degree of correctness, but became excited towards night. For seven or eight days the excitement continued, the mind rambling, but when the attention was arrested, would return a pertinent answer. He slept but little and seldom took food voluntarily, but once or twice he called for certain articles and ate them. Pulse seldom rose above eighty, countenance pale, but not shrunken nor haggard. From this period he rapidly improved, and within ten or twelve days, every trace of delusion and irregularity vanished, and his physical energies were very little reduced. He steadily improved and in about six weeks was discharged.

This case differed from Bell's in three important points—the aberrations at first were less delirious than maniacal, the pulse was neither small nor very frequent, and

the excitement was followed by very little reaction. On the other hand, the sudden invasion, the loathing of food, the rapid, clear and steady convalescence, without excitement or depression, are an association of features seldom witnessed in mania.

Case 7. V. R. S., aged 37, superintendent of a railroad, admitted April 10, 1850. Attended a railroad convention at Philadelphia last week, became much interested in the questions discussed, but lost his sleep, and took but little food. For some years has been supposed to have disorder of the liver or bowels, has taken much medicine, and thought his life precarious. Yesterday morning went to his office as usual, but in the forenoon, he became so wild and disorderly, that they carried him home. This condition has continued ever since, and he comes into the house vociferating, struggling and apparently unconscious. For two days this intense excitement continued unabated night and day. Refused food, pulse 80, tongue dry and coated, skin moist. On the morning of the third day after admission, he was found asleep, was roused, took some nourishment, and again went to sleep. In the course of an hour or two, his pulse was 66, he began to breathe heavily, and his sleep seemed to be comatose. In this way he remained, three or four hours, when he died.

Here the sudden onset and the rapid progress of the disease forbid us from regarding this case as one of mania, while it also wants, the quick, small pulse, the pale, shrunken features, and the marked collapse, which distinguish Bell's disease. It would not remove the difficulty to call it meningitis, because this pathological condition is present, no doubt, in many cases of acute mania, and has been found, to some extent, in every

case of Bell's disease, where the brain has been inspected after death. In this connexion, I may allude to the absence of any mention of the pathological state of the brain after death, in the cases above related. In not a single instance have I had an opportunity to make a *post mortem* examination, but this deficiency is the less to be regretted, because we have every reason to believe that such examinations would have thrown no additional light on the disease. The only pathological change that has been discovered after death in Bell's disease, has been a little meningitis, and the closest inspection after death in many other forms of maniacal disorder, seldom discovers much more. Although, by no means disposed to question the utility of pathological anatomy in advancing our knowledge of diseased action, yet I apprehend that no one would expect to derive from it much light on those conditions which constitute the essential difference between closely related forms of cerebral disease.

I might multiply examples, but enough have been given, to justify the doubt, whether all the anomalous cases of acute maniacal disease, which are now so frequently witnessed in our hospitals for the insane, can be properly referred to that form of it which has been described by Dr. Bell. Until our actual knowledge of acute maniacal affections shall be accurately collated and compared, one contribution with another, we shall be unable to say, with any degree of precision, how extensively they prevail, nor to fix their relations to one another. The phraseology which is used in our hospital reports in describing pathological conditions incident to insanity, is not sufficiently precise to be made the ground of any opinion respecting their character. We have reason to believe, however, that cases distinguished by a rapid progress and a strongly-

marked asthenic condition, are of no unfrequent occurrence. Dr. Benedict, of the Utica Asylum, in his last report, includes in his admissions, eleven cases of what he terms *exhaustive mania*. In the discussion which followed the reading of Dr. Worthington's paper at the last meeting of the Association, Dr. Benedict expressed the opinion, that the form of disease here indicated was identical with that of Dr. Bell. The only fact mentioned in his report respecting it, is that they all recovered. Now, after making every allowance for diversity of treatment, this fact alone would throw much doubt upon their identity, since nearly all Dr. Bell's cases were fatal. No one, I apprehend, would contend for the identity of any two forms of disease, one of which usually terminated in death, and the other, in recovery.

Dr. A. V. Williams, has described a class of cases* which he would refer to the same type, as those of Dr. Bell. He thinks it is distinguished from other forms of maniacal affection, by its strongly typhoid character, and accordingly, he terms it *typhomania*. "The bodily disease or prostration," he says, "is so great that the question we ask ourselves is, will the patient live?" He observed it frequently among the emigrants on Blackwell's Island, just landed from ships in which typhus fever had been rife during the voyage, and he thinks that Dr. Bell may have witnessed it more frequently than the rest of us, because of his living in a typhoid region. Dr. Ranney, who had observed it in the same locality, dwells upon its typhoid character, and at first thought it a combination of typhus with mania.†

That these gentlemen have observed a form of disease very different from that of mania, of course is not to be

* Amer. Journal of Insanity, vol. viii, p. 145. † Ibid. vol. vii. p. 43.

doubted ; but I am not quite satisfied that they are correct in identifying it with Bell's disease. Comparing their descriptions of the one with my own observations of the other, I can see no other resemblance between them, beyond an agreement in one or two particular points. Dr. Bell regards the sudden outbreak of the disease, as one of its most constant and distinctive points. "There are no antecedents of questionable actions and conversations," he says, "as are almost always described in common cases, or even in the most rapidly developed instances of acute mania." Dr. Williams says, that in its commencement, "the patients would, perhaps, exhibit mere irritability, and become quarrelsome." "The type of the aberration," says Dr. Bell, "is the low muttering of typhoid fever." Dr. Williams says, "the mental symptoms are those of some persons in a state of intoxication verging towards stupor." Bell says, the disease runs its course, terminating in death or convalescence, in two or three weeks. Dr. Ranney says, "a crisis occurs in three or four weeks from the attack, the disease terminating in death, or a gradual subsidence of the typhoid symptoms taking place." Dr. Williams says, that in 1849, out of a number of cases which he observed on Blackwell's island, not one died. Dr. Bell represents the proportion of recoveries as very small. Dr. Williams regards it as having a typhoid origin, and certainly in his description, it has a very typhoid aspect. There is not the slightest reason for supposing a typhoid origin, in New-England, nor has it struck me that extreme debility, is among the most prominent features of the disease. And again, no mere identity of name can blind us to the difference that must necessarily exist under such different circumstances. On the one hand, a disease prevails epidemically among a class of people whose vital powers have been reduced by all manner of hardship, and by

exposure to pestilential influences; on the other, it occurs sporadically—as often among persons of easy circumstances, as those who are familiar with suffering, and prone to disorder. We know, if we know any thing of disease, that it is not always easy to indicate the essential pathological condition, by particular symptoms, while the practiced eye may discern it at a glance. And the reason is, because this condition is revealed, not so much by a pain here or an obstruction there, as by the general expression of the patient—the pathognomy of the disease. Thus, while the same description might apply to two different cases, with tolerable exactness, a little personal observation would show an essential difference between them,—a difference involving the question of treatment, and pointing to a different result. I believe, therefore, that if Dr. Williams or Dr. Ranney had personally observed the cases described by Dr. Bell, they could not have failed to perceive a great difference in the pathological condition, between them and the emigrants on Blackwell's island.

Abercrombie* has described what he calls “a dangerous modification” of meningitis which is apt to be mistaken for mania, or, in females, for a modification of hysteria. “It sometimes,” he says, “commences with depression of spirits, which, after a short time, passes off very suddenly, and is at once succeeded by an unusual degree of cheerfulness, rapidly followed by maniacal excitement. In other cases, these preliminary stages are less remarkable; the affection, when it first excites attention, being in its more confirmed form. This is in general distinguished by remarkable quickness of manner, rapid, incessant talking, and rambling from one subject to another,

* Diseases of the Brain, &c. p. 80. First Amer. Ed.

with obstinate watchfulness, and a small, frequent pulse." "The progress of the affection," he says, "is generally rapid; in some instances it passes into convulsion and coma; but in general, it is fatal by a sudden sinking of the vital powers, supervening upon the high excitement, without coma. The principal morbid appearance is a highly vascular state of the pia mater." The treatment which he found to be most successful, consisted in stimulants. Among the cases described, it will be sufficient for the present purpose, to quote the following:

"A lady, aged 23, had suffered much distress, from the death of a sister, and been affected, in consequence, with impaired appetite and want of sleep; this had gone on, for about two months, when, on the fourth of August, 1825, she sent for Dr. Kellie, and said she wished to consult him about her stomach. He found her rambling from one subject to another, with extreme rapidity and considerable incoherence, and on the fifth, she was in a state of the highest excitement, with incessant talking, alternating with screaming and singing; pulse from 80 to 90. In the evening she became suddenly calm, and quite sensible after an opiate; continued so for an hour or more, then fell asleep, and after sleeping two hours, awoke in the same state of excitement as before. The same symptoms continued on the sixth; the pulse, in the morning, was little affected, but after this time, it became small and very rapid. On the seventh, after a night of great and constant excitement, she had another lucid interval, but her pulse was now 150. The excitement soon returned, and continued till four P. M. when she fell asleep. She awoke about eight, calm and collected, but with an evident tendency to coma; pulse 150, and small. She now took food and wine, and passed the night partly in a state of similar excitement, and partly comatose; and died

about midday of the eighth, having continued to talk incoherently, but knowing those about her, and, in general, understanding what was said to her."

The only change discovered in the brain, was a little vascularity of the pia mater.

We have here the essential features of Bell's disease,—sudden invasion, delirium, rapid progress, and excitement followed by collapse;—and the identity is no less apparent in the subordinate points—the small, quick pulse, and the appearance of the membranes. It is a noticeable fact, however, that Abercrombie never utters a suspicion that these cases may have had a typhoid origin.

Whatever opinions we may adopt respecting the particular point at issue, I think we cannot help being struck by the frequent association of extreme asthenia with acute cerebral disease, and the unanimous testimony in favor of a stimulating treatment. The lesson which the fact conveys, is peculiarly needed in the therapeutics of the present day, when disease of the brain, especially if manifested by intense excitement, is always connected with the idea of inflammation and vigorous depletion. Almost two centuries, dating from Sydenham, of active and uninterrupted belief in the inseparability of these two ideas, have impressed it upon the Anglo-Saxon mind, as a truth as far beyond the reach of question as any proposition in Euclid. The fact was illustrated in one or two of the cases related by Dr. Bell, and few of us, I imagine, can say that similar instances have not frequently come to our knowledge. Dr. Abercrombie discovered that the stimulating treatment was the only one that promised the least success in the class of cases already referred to; and it is quite obvious that he regarded the fact as anomalous, and one to be applied with care and caution. Whether

owing to an entire mistake respecting the results of treatment, or to a change in what is called, (not very correctly) the type of disease, there is obviously a tendency quietly gaining strength, to a more stimulating method of treatment in diseases generally, instead of the antiphlogistic regimen which in some degree or other, has been applied to the great majority of cases. Still, even while we theoretically assent to the principle, we need the discipline which the treatment of acute maniacal diseases furnishes, to make us fully sensible of its value.

Let it not be supposed that we are overrating the importance of the subject under discussion, nor think it a matter of indifference what name we choose to bestow upon a certain class of cases. In the practice of medicine, names are every thing. Here and there a reflecting mind will escape their influence, but over the great majority of men they hold undisputed dominion. Precision, accuracy, sagacious discrimination, are essential to success in any scientific pursuit, and pre-eminently so, in medicine. In the present instance there is another reason for a thorough knowledge of points that may, at first thought, be regarded as comparatively trivial. When a case like those we have been describing, is placed under our care, it deeply concerns the safety of the patient, the peace of his friends, and our own reputation, whether, presuming on the recency of the attack and the previous good health, we utter a very favorable prognosis, or, discerning the true character of the case, at once, we warn the friends of the probable result, and save ourselves from disappointment and mortification.

ARTICLE II.

ON A COURT OF MEDICAL EXPERTS IN CASES OF INSANITY. "*The advantage and expediency of establishing by law, in each State or district, a board of commissioners of experts, for the purpose of investigating and testifying in trials, criminal and civil, where the questions of mental soundness are involved.*" By WM. H. STOKES, M. D., Physician to the Mount Hope Institution, Baltimore, Md. *Read before the Annual Meeting of Medical Superintendents of American Institutions for the Insane, held at Baltimore, May 10, 1853.*

It would be scarcely possible unduly to exaggerate the difficulties and embarrassments experienced, in most cases, by juries, where the plea of insanity is advanced in extenuation of crime, and where it becomes, consequently, necessary to examine medical witnesses for the purpose of enlightening them on points, concerning which they cannot be expected, by any previous knowledge, to be acquainted. Hence, the necessity for the inquiry, whether the ends of justice would not be promoted and juries assisted in the performance of their responsible duties by the appointment of a Board of Commissioners of experts, whose duty it should be, after a thorough examination of each case, to testify as to the validity of the grounds on which the plea rests.

It will conduce to a clear understanding of the important relations of this subject, and assist us in arriving at

a satisfactory conclusion on the question at issue, if we first pass briefly in review the course of procedure now generally adopted in our courts whenever the irresponsibility of an individual is sought to be established on account of a supposed mental impairment. By thus considering the operation of the present system, and the results flowing from it, we shall be better enabled to detect the inconsistencies and evils, if any, attaching to it.

In the majority of the States of this Union, as well as throughout most of Europe, when an individual has committed an offence, and insanity is alleged in his defence, one or more medical men are either summoned to attend at the trial, and hear the evidence of witnesses, or they are directed to hold an interview with the accused in the jail previous to the day of the trial, and from such opportunities of information, they are called upon the witness' stand to deliver an opinion as to the existence of insanity at the time of the commission of the act. The medical men are generally selected, either because the counsel happen to be acquainted with them, or because they are supposed to have had some knowledge of the accused. The selection is usually made irrespective of any peculiar fitness on their part. Their capability of forming a just, accurate, and unprejudiced opinion on the question at issue, it is well known, but rarely constitutes the ground of their appointment. The effect of such a course can be readily conceived. It constantly happens that as this matter is entirely under the control of the counsel, and the selection rests with him, motives of expediency alone govern and influence his actions. He is therefore careful to secure such professional men as are most likely to subserve his particular purpose, and they, flattered by the compliment thus paid their superior discernment, and the temporary importance it gives them,

are almost unconsciously led, by a little adroit preparation, and a statement of the facts it is expected to prove, to entertain views in accordance with the side the lawyer advocates. That there exist in our profession not a few, who are ready to compromise their independence under such circumstances, can hardly be denied—men who do not hesitate to testify for or against the insanity of an individual accused of a criminal offence, both without possessing a sufficient acquaintance with mental diseases to enable them to form a correct opinion, and without having enjoyed opportunities for that thorough and repeated examination of the case in question, which in numerous instances, is absolutely necessary, before an accurate and trustworthy judgment can be formed. Can we be surprised then, that men thus selected and summoned, without reference to any special qualifications, and without facilities for an adequate investigation of the case, to give evidence upon a point oftentimes of the most intricate and difficult character, instead of expressing the results of a dispassionate examination of scientific facts, but reflect the views and opinions of the counsel who require their attendance?

Even should the medical man be desirous of forming his opinion free from all prejudice and improper bias of this nature—should he wish to enter upon the examination of the accused uninfluenced by other considerations save the wish to arrive at the truth, and to discharge honestly and conscientiously his duty, he still finds himself embarrassed at the outset, by a want of familiarity with the subject of insanity. The majority of physicians have not given that attention to this department of disease, and have not received the necessary mental training, to qualify them for this duty. *Maladies of the mind*, with their multiplicity of shades and varieties, have con-

stituted no part of their medical education. That class of diseases, which is of all others the most intricate and obscure, and which to comprehend in their countless shades of difference and varieties of form, requires the nicest discrimination, the most accurate judgment, and the closest observation—this class has received no share of their attention and study. They are generally free to confess their want of all practical knowledge and experience in regard to them, and do not hesitate to abandon their treatment to others more conversant with them. The impression very justly prevails in the profession, that mental diseases require for their successful management, separation from home and its influences, and removal to an institution possessed of appropriate arrangements and means for their treatment. Hence few are willing to undertake to conduct the medical treatment of a case of insanity amid the inauspicious circumstances surrounding him at home. It is not therefore surprising, that practitioners in general are destitute of a practical acquaintance with this class of diseases. And yet in a case involving the most important interests—the reputation or the life of a fellow being—when his irresponsibility for an act of criminality is advocated on the ground of mental unsoundness, many flatter themselves into the belief of their being perfectly competent to express an unequivocal and decided opinion. In consequence of his want of familiarity with the intricacies and obscurities which invest the subject of insanity, and carried away by a dangerous presumption, and the dexterous management of ingenious counsel, it frequently happens that the physician is led to the expression of sentiments abounding in inconsistencies and absurdities. The reports of trials, in which the question of insanity is involved, present no scarcity of instances illustrative of the truth of this remark.

Then again, admitting the medical witness to possess a practical knowledge of insanity, it is almost impossible for him, as the matter is now managed, to arrive at a conclusion that should be considered satisfactory and deserving of confidence, in so important a case. As if to surround the accused with all the circumstances best calculated to embarrass the examiner, there exists the most unaccountable deficiency of every proper facility and opportunity for investigating the case. He is, perhaps, directed by the counsel to visit the arraigned party at the jail, and there, in the presence of one or more deputies, and surrounded by numerous other culprits, he is expected to determine at a single interview, and after a brief examination, the mental state, as to soundness or unsoundness, of the individual in question. If actually insane, the medical man may be again and again baffled in the most ingenious attempts to elicit it. In these formal interviews it may often happen, that the real condition of the mind, and well-marked and characteristic delusions, may be concealed from the most shrewd observer, and may successfully elude the best directed efforts to draw them forth. We all know with what dexterity the insane man, if he has a sufficient motive, can resist the manifestations and display of his disease;—how rationally he will discourse,—with what propriety he will conduct his movements and actions, and how very different he may appear when left to himself and unconscious of being observed.

Again, the time when the inquiry is conducted may be inopportune. Many only display their mental impairment under peculiar circumstances, at particular periods, and when a certain cord of feeling or train of thought is touched. In the absence of these, it may be impossible at a casual glance and on a hasty examination, to detect

the real malady. How inadequate are such means of inquiry, as those above alluded to, for the detection of moral insanity—those numerous instances in which the insane manifestation is merely found in the conduct, habits and acts, the reasoning powers being unaffected! No hurried examination will here suffice for determining the true nature of such cases. Here the most profound acquaintance with insanity in all its varying characters, and the nicest discernment, with all the advantages of a searching and repeated scrutiny, will be required to distinguish a mere eccentricity and irregularity of conduct, from that change of character and perversion of feeling which are the effects of disease. How lamentably deficient are the provisions of the law for the elucidation of all such cases, must be apparent to every one. However competent may be the medical witness for the task, the ends of justice are at present sure to be often defeated, in consequence of the want of suitable arrangements and proper opportunities, provided by law, for a satisfactory investigation and appreciation of the case. To test and determine a question so replete with interest and importance as that relating to the true mental condition of an individual accused of a criminal offence, and, for whose release from the penalty attaching to it, the plea of insanity is presented, we would naturally suppose that the law would afford every facility for ensuring a free, full and dispassionate examination. For this purpose numerous visits, made at different and unexpected periods, when the accused could be seen alone and often, and at times when he is not aware of being observed, are imperatively necessary; and a wise and enlightened administration of the law should not be satisfied with anything short of this. But the present system and course of procedure are wholly at variance with

what is here shown to be required by the very nature of the case, and the essential characteristics of insanity.

Having, in the preceeding remarks, enumerated some of the evil consequences and disadvantages attending the practice at present authorized and countenanced by law, let us now proceed to examine into the expediency and propriety of the court establishing a board of commissioners of experts, constituted of persons wholly disinterested and practically acquainted with mental disorders, for the purpose of investigating and testifying in trials, criminal and civil, when the questions of mental soundness are involved. Having already, in the course of the foregoing remarks, presented some of the objections to the practice of taking opinions on this subject from witnesses specially selected by those who are to be benefited by their evidence, and who are professedly incompetent, by reason of a want of familiarity with diseases of the mind, and of sufficient opportunities for examining the case in question, it would be an unpardonable trespass upon the time and patience of this association, to enter upon a labored argument to demonstrate how much better the ends of justice would be subserved by leaving such questions to be decided by a board of experts of competent knowledge, and appointed under proper restrictions as to independence, &c. Here we have the only security for the proper performance of this duty, and it must be apparent, that, only under such an arrangement, can it be possible to ascertain satisfactorily the mental condition of a prisoner suspected of being insane.

By the appointment of such a board, consisting of two or more individuals entirely independent in their action, wholly disinterested and free from personal bias, the most essential aid and service would be rendered the

jury. It would be relieved of a weight of responsibility and difficulty that must be felt by every enlightened and conscientious jury, to be sorely oppressive, when required to decide on a case, amidst the conflicting opinions and contradictory statements of the medical witnesses.

To possess for their guidance, in a case of doubtful insanity, the matured results of a full and patient examination, made by a body of men who are known to have enjoyed unusual opportunities for studying the character and conduct of the insane, and who possess the qualities of mind necessary to enable them to profit by their observations and experience, the arduous task devolving upon them would be shorn of the fullest measure of its embarrassment. In the opinions of such, perfect confidence could be reposed, as it stands to reason that they who have made the ever-varying forms of mental disturbance their immediate care and study, must be better qualified to weigh the evidence for and against the reality of the alleged insanity, than those who have never had such opportunities, and who are consequently devoid of all practical knowledge of the subject. Does any one entertain the fear that the views emanating from such a source might exercise an undue ascendancy, and encroach upon the legitimate functions of the jury? It is difficult to imagine any just ground for such an apprehension. It is impossible to perceive what danger or inconvenience could result from the proposed arrangement on this score. The evidence of the board of experts would not decide the case; their opinion would go to the jury with the rest of the testimony, after having been analysed and sifted by the judge, and the jury would estimate its value in accordance with their oath. Far from its interfering, in the slightest measure, with the prerogatives and peculiar functions of the jury

box, it would still devolve upon the jury to consider and decide upon the true value and correctness of the conclusions thus arrived at. It has been well remarked that "the proper duty of the medical witness is to assist the court with his experience and advice to arrive at a just decision in the particular case; it is not to say what symptoms are most frequently observed in insane persons, or to deliver abstract opinions on the nature of insanity generally, but to deal with the individual case; to give the court reasons why he adopts the conclusions at which he has arrived; to state, in fact, what are the particular circumstances which have led him to form his opinion of the case; in other words, to say why he thinks the accused sane or insane, as the case may be, and then leave the jury to determine whether the reasons are sufficiently satisfactory to induce them to adopt his opinion."* In the adoption of this course of procedure, there could be no good ground for a fear of their usurping the province of the jury. They would merely afford such assistance in guiding the jury to a right decision, which their more enlarged experience and practical acquaintance with a class of diseases the most difficult to understand, peculiarly qualifies them to yield; and, indeed, without such assistance, there is the strongest probability "that they will be left to form their conclusions with the great danger to the cause of humanity and justice, of thinking more of the nature of the offence, than of the probable irresponsibility of the accused." That the danger here alluded to is not chimerical, abundant testimony is not wanting. The annals of criminal jurisprudence, unfortunately, teem with instances portraying the sad effects of forming a verdict without due reference to the state of mind in which the act was committed.

* "Remarks on the Plea of Insanity, and on the Management of Criminal Lunatics," by Wm. Wood.

The clear, positive and practical views, emanating from a board so constituted, would thus tend to the protection from the extreme penalty of the law, of those whose acts have rather had their source in the afflictive dispensations of Divine Providence, than their own criminality. Their tendency would be to relieve such cases of much of the difficulty and perplexity incident to them, and, at the same time, to lighten the oppressive duties resting upon the jury. There would seem, therefore, to be no well-founded objection to such a change being engrafted upon our modes of criminal procedure, that when the plea of insanity is presented in extenuation of an offence against the laws, and the court entertain reasonable doubts of the person's sanity at the time, that he should be placed under the daily observation and surveillance of one or more experts, whose report should be received in evidence at the trial. The very fact of the existence of such a board, would have the salutary effect of deterring individuals from attempts to simulate insanity, for the purpose of escaping the just penalty of the law. Offenders, knowing they would be subjected to the keen scrutiny and searching analysis of those too long familiar with the genuine disease to be imposed upon or deceived by efforts to counterfeit it, and that every act, word and movement would be systematically watched, few would have the effrontery to subject themselves to so severe an ordeal. With such a legal provision for satisfactorily establishing or disproving the existence of insanity, members of the bar too would be less ready to plead this defence. No lawyer would be found so regardless of his own reputation and interests, as to hazard the attempt to shelter his client from the punishment attaching to his crime, without well-founded grounds for believing it could be successfully urged and sustained.

It would also tend to allay the morbid sensibility existing in community in reference to the dangerous consequences of the too ready admission of this plea. By such a salutary enactment, the public would possess a guarantee that the shield of protection, thrown by enlightened humanity around the unfortunate subject of a disordered intellect, would not be abused. The suspicions of the public upon this point would be removed, and that deep-rooted and growing prejudice with which every jury is now disposed to view this ground of defence, would be obviated or corrected. Thus in every view of the case, the cause of justice would be advanced and promoted, and by its general adoption, the plea of insanity would at once be rendered powerless of evil. In France, and in most of the German States, this course of procedure has been successfully engrafted upon their judicial proceedings, and its advantages and expediency are there recognized and established. In the State of Maine, this change has also been enacted in the ordinary methods of criminal procedure in cases where the accused is alleged to be insane. The act provides that, "When any person shall be charged with a criminal offence in this State, any judge of the court before which he or she is to be tried, on notice that a plea of insanity will be made, or when such plea is made in court, may, if he deem proper, order such person into the custody of the Superintendent of the Insane Hospital, to be by him detained and observed, until the further order of the court, in order that the truth or falsehood of the plea may be ascertained." A similar provision established by legal enactment, in all the different States, would doubtless tend greatly to further the cause of justice, and to relieve this department of criminal jurisprudence of one fertile source of mischief and perplexity.

ARTICLE III.

REPORTS OF FOREIGN INSTITUTIONS FOR THE INSANE.

1. *Rapport Statistique sur la Service Medicale &c. Statistical Report on the Medical Service of the private Asylum of Clermont, during the year 1851. Presented to the Prefects of the Departments of the Oise, of the Seine and Oise, of the Seine and Marne, of La Somme and L'Aisne. By DR. GUSTAVE LABITTE, Chief Physician. 4to 44 pp.*
2. *Reports of the Committee of Visitors and First Annual Report of the Medical Superintendent of the Asylum for the Insane Poor of the County of Wilts. Svo. Devizes. 1852.*
3. *Report of the Committee of Visitors and Second Annual Report of the Medical Superintendent of the Asylum for the Insane Poor of the County of Wilts. Svo. Devizes. 1853.*

I. This is the first French report that it has been our good fortune to meet with in a separate form since we took charge of the American Journal, and we may therefore be allowed to dwell upon it somewhat in detail.

Although a private asylum, it is evidently subject to government inspection, and is so acknowledged in the dedication.

There have been no less than 1147 insane under treatment during the year 1851.

	Males.	Females.	Total.
Remaining on the first of January, 1851.....	374	472	846
Received during the year,.....	148	153	301
	522	625	1,147
There were cured,.....	27	45	72
Withdrawn by friends or removed,.....	..	..	18
Deaths,.....	83	86	189
Of the whole number remaining on the 1st January, 1851, there were <i>incurable</i> ,.....	322	419	741
Of those received during the year,.....	93	68	161
Total incurable,.....	415	487	902

Thus it appears that more than half of those admitted during 1851, were incurable at the time of their admission. The author explains this, by the fact that many indigent insane are kept by their families or friends until they become either perfectly helpless, or it may be, dangerous. There are daily admissions of persons so far advanced in cerebral affections, or so broken down by age, that no medical treatment promises to be of any use. He objects much to these admissions at this period of disease or of age.

Admissions during the seasons of the year:

	Males.	Females.	Total.
During the 2d and 3d quarters,.....	79	78	157
During the 1st and 4th quarters,.....	65	81	146

There were hence more admissions during warm weather than cold, but no certain inference can be drawn from this, since so large a number of the patients admitted had been subject to disease for a greater or less length of time.

Causes.—These do not differ from those of similar institutions. We reverse the usual order and first state that in 97 they are unknown.

Congenital organic affection of the brain, ...	31
Epilepsy, ...	15
Old age, ...	37
Hereditary, ...	8
Political events, ...	7
Family troubles, ...	28
Love and Jealousy, ...	17
Intemperance, ...	23
Religion, ...	7

The cases from excessive use of alcoholic drinks are altogether of the male sex.

Civil Condition.	Males.	Females.	Total.
Unmarried, ...	61	62	123
Married, ...	55	59	114
Widowed, ...	8	32	40
	124	143	277
Unknown, ...	24		24
			301

(We have corrected in this table an error in addition, the want of attention to which, mars the utility of many of the most valuable reports.)

Occupations.—The great majority of these patients are of course the indigent, and registered as such. We notice however,

Of the professions of law and medicine,.....	11
Farmers, ...	18
Merchants, ...	5
Mechanics of every description, ...	65

Another table is devoted to the length of time that the patients dismissed *cured* (72) have been under treatment.

	Males.	Females.	Total.
During the 1st month,.....	6	4	10
During the 2d month, ...	4	8	12
During the 2d quarter,.....	3	11	14
During the 3d quarter,.....	4	6	10
During the 4th quarter,.....	4	2	6
	—	—	—
Total during the 1st year,.....	21	31	52
During the 2d year and beyond,.....	6	14	20
	—	—	—
	27	55	72

The mental disease in each of these was as follows :

	Males.	Females.	Total.
General insanity,.....	3	10	13
Partial insanity,.....	15	26	41
Chronic partial insanity,.....	1	3	4
Intermittent insanity,.....	—	3	3
Delirium tremens, ...	2	—	2
Epilepsy, ...	1	2	3
General paralysis,.....	4	—	4
Imbecility,.....	1	1	2
	—	—	—
	27	45	72

Deaths (169) under 10 years, ...	1	—	1
From 10 to 20 years,.....	6	5	11
From 20 to 30 years,.....	9	6	15
From 30 to 40 years,.....	20	14	34
From 40 to 50 years,.....	21	16	37
From 50 to 60 years,.....	11	13	24
From 60 to 70 years,.....	11	21	32
From 70 to 80 years,.....	1	9	10
Above 80 years,.....	3	2	5
	—	—	—
	83	86	169

The principal causes of death have been as follows :

	Males.	Females.	Total.
Cerebral Congestion, ...	39	8	47
Chronic Enteritis, ...	3	29	32
Marasmus, ...	22	28	50
Consumption, ...	8	8	16
	72	73	145

The report concludes with a brief review of the treatment employed.

Physical Means.—In acute delirium, prolonged baths, and cold effusions frequently repeated during the same day, have generally been used with success, and are found to abate the wildness and agitation.

A seton introduced into the neck has produced good results in partial delirium, in stupidity and in the commencement of general paralysis.

In epilepsy, valerian and the oxide of zinc, have suspended or delayed the access of the attacks.

In cases resulting from amenorrhœa, the tartrate of iron and potash and aloes have been useful.

“Strychnine has not proved as advantageous in the paralytic and lame, with me, as with some of my *confreres*.”

Moral Means.—These are labor, order and discipline.

The labor is of various kinds ; with boarders, walks in the fields, reading of choice books, and such plays and amusements as are congenial.

Manual labor is useful with many. A school has been established during the last winter. Various mechanical arts have also been pursued, but the main occupation of most of the patients is agriculture. There are two very large gardens, in one of which one-sixteenth of the males work daily, and another, separated from the first which is cultivated by one-twentieth of the females.

A large farm at a short distance from the asylum, be-

longs to it and here one hundred insane labor daily. They go in detachments of ten, twenty or thirty each, with usually two or three attendants, and although there are no walls to confine them or hindrances to escape, still during three years there have been only four elopements.

So useful indeed has this proved, that the proprietors of the Asylum have purchased another and smaller farm, on which it is intended to place females.

Order and discipline are of essential importance. Regular hours are fixed for rising, meals, labor, recreation and retiring. Every insane person is required to make his own bed, with the exception of the furious, the lame and the impotent. These are provided with apartments distinct from the main body of the patients, and eat together at a separate table.

At every medical visit, the patient is required to be in his usual place. Silence, quiet and the greatest politeness is demanded in the presence of the physicians.

The modes of repression and punishment consist in reprimands—affusion of cold water—the douche—the strait jacket—depriving them of labor—forbidding them to walk in the fields!

No patient is ever shut up in his cell during the day—the strait jacket is never used except as a means of repression, or when the patient attempts to injure himself or others, or to destroy his clothes. It is never kept on long.

The food is substantial and well selected. The establishment allows at its own expense, *tobacco and other things desired*, on the order of the physician alone, and this is made dependent on the conduct and industry of the patient.

II. For these reports we are indebted to John Thurnam, M. D., the Medical Superintendent, who is already well known through his writings on the subject of Insanity.

The first contains the several reports of the Committee of Visitors, the Medical Superintendent, the Commissioners in Lunacy, and a description of the building and the general rules for the government of the Asylum.

This is a new institution, erected for the accommodation of the insane poor of the County of Wilts, England, pursuant to an Act, passed 1845, requiring every County "within three years to take measures for providing an Asylum for Pauper Lunatic Patients." In 1848, the Justices of Wiltshire appointed a Committee of Visitors to examine all Asylums, Union Houses, and other places where such persons were kept, and determine on their wants. The Committee then advertised for plans for a building capable of accommodating 250 patients, (subsequently enlarged for the reception of 300.) Sixty designs were sent in. To aid in selecting a plan, the services were obtained of "a Gentleman officially connected with the Asylum at Bethnal Green, and of long experience in the management of persons of unsound mind," and one was chosen, "plain in its exterior, commodious, airy and cheerful in its internal arrangement." The projector of this plan, T. H. Wyatt, was employed as architect. "It was evidently desirable," say the committee, "that the person who should be placed at the head of the establishment, should be cognizant of all the intended arrangements, and be in a position to offer his advice upon the details of them during the progress of the work." It is further remarked :

"The appointment of a Medical Superintendent, previous to the erection of the Asylum, was made by the Committee of Visitors, with the unanimous approval of the Court of Quarter Sessions. The object of

this appointment, as stated in the minutes of the Committee, was that of securing to the architect such advice and assistance, as would enable him to complete the internal arrangements of the building in the most satisfactory manner, in accordance with the peculiar requirements of such an establishment. By this means it was believed that many alterations, such as in various asylums have had to be made at a great cost, might be prevented, and that an ultimate saving would be effected. The Committee of Visitors and the architect unite with the medical superintendent in satisfaction at the results of this arrangement. In the course of erecting the building numerous modifications, of greater or less importance, were introduced into the plan, and the internal fittings and furnishing have been so arranged as to leave little to be desired as regards their satisfactory operation."

In April, 1849, Dr. Thurnam was appointed to the office of Medical Superintendent, and in July the first stone of the building was laid. It was opened for the reception of patients Sept. 19th, 1851. For more than three months previous to this, Dr. Thurnam "was closely occupied in directing the internal fittings and furnishings, and in arranging the necessary preliminaries for the reception of patients."

During this time, he also visited the Asylums and other places where patients were detained, took notes of their condition, and made such selections as would best subserve the interests of humanity and afford some classification on the removal of a large number of lunatics.

The whole cost of land (65 acres,) buildings, furniture, &c., up to this time, was £56,303, (about \$280,000.) The prices per week were fixed at ten shillings (\$2.50) for paupers, and fourteen shillings (\$3.50) for private patients and those from other counties.

The first report was made Jan. 1st, 1852, up to which time 167 patients (73 males and 94 females) were received. Only 10 of this number were recent cases.

The report is replete with interesting details on the

general improvement, employment, amusement, recreation, and state of health of the patients.

The Italian style of architecture was selected, "as the simplest, the lightest, and most cheerful, that which probably gives the greatest effect at the least cost." The materials used are brick and stone. The Asylum is built on the system of fire-proof construction, iron joists and concrete.

The building is a combination of the rectangular and linear forms, with rooms on one side of the corridor—8 wards for each sex—each ward has its day rooms and dormitories. The corridors are 12 feet in width, except one, which is 10 feet; in length respectively 177, 110, 133 and 63 feet. Height of corridors and rooms 11 feet. Single sleeping rooms 9 feet by 6½ feet. Dormitories contain from 8 to 11 beds. Cubic capacity for each inmate over 500 feet. Each ward has its closets, bath and wash rooms. The wash hand basins are of one single piece of white pottery. No mention is made of dining rooms either for patients or help.

Padded rooms are fitted up in wards for excited patients. This is not considered advisable in this country.

The airing courts are "open, spacious and cheerful; patients from each ward having access to their own court without passing through any other ward."

The window sash is of cast iron, ordinary domestic shape and size. The floors are formed of 1½ inch yellow deal battens. Slate sills are introduced in the doorways to cut off communication in case of fire in any one room. A fire plug also is so arranged in connection with the cisterns in the ventilating towers as to be made available in case of fire.

The heating is effected by hot water apparatus.—Open fire places are introduced in all the day rooms, bath

rooms, and attendant's rooms, and a few sleeping rooms. The vitiated air is drawn off by flues placed near the ceilings, from thence conducted into main horizontal flues, from whence it is drawn into the ventilating towers, where coils of pipe, heated by hot water, are placed to increase the ventilating power.

Water is received from a well with which levels are connected, to afford a reserve supply of 15,000 gallons. The average consumption of water has been 21 gallons to each person every 24 hours. Chapel, workshops, laundry, gas works, drainage, farm buildings, &c., are arranged according to the best modern improvements. All the cooking is done in one central kitchen.

It has given us pleasure to review an institution so complete in its arrangements; we cannot however close the notice without a reference to its organization.

It is matter of regret that in this respect the Committee have adhered to the old plan of making the inferior officers more or less responsible to themselves instead of making the Medical Superintendent in all respects the head of the institution, holding him responsible for the acts of inferior officers, and making them subject to his direction alone. The Steward, Matron and Farmer are "under the control of the Committee of Visitros, and the Medical Superintendent." This division of authority is not considered in this country favorable to efficient discipline. In relation to attendants the Superintendent "shall have *authority to recommend* the hiring and discharge of all attendants and servants, and shall also generally have the control over the attendants and servants, and authority to suspend them whenever he shall deem expedient."

The "*authority to recommend*" gives the Superintendent no power further than that which belongs to any com-

mon citizen, and the power to "*suspend*" places him in the humiliating position of appearing before the board as the accuser of his attendants, giving the board the right to act as they choose. This position no governing head should be compelled to occupy. The Superintendent shall superintend and direct the performance of the duties of the attendants and servants; and also those of the medical assistants, clerk and matron, *so far as they are not provided for by the rules.*" If he is the governing head he should have the power to enforce obedience to the rules in all cases.

In the regulations there are many *small* things which it would seem scarcely proper to impose upon a high minded and intelligent officer; we notice one instance: The medical superintendent "shall never absent himself for more than one night without the *previous written consent* of one of the committee of visitors, and then only, on condition of his providing for the proper performance of his duty during his absence." It would appear that a medical officer charged with the responsibility of such an important trust could not need such restrictions applicable only to apprentices.

III. The second annual report dates Jan. 1st, 1853. At the commencement of the year there were 165 patients, 71 males and 94 females. During the year, 117 patients, 57 males and 60 females were admitted. Thirty-eight were discharged; 35 of whom were recovered—leaving in the house 219 patients. The report shows a condition of general health and prosperity. The Superintendent and Commissioners in Lunacy express satisfaction in the experience of the year as to the adaptation of the building to its purposes. "The system of ventilation," says Dr. Thurnam, "has answered remarkably well; during the excessive heat of July, with the ther-

mometer frequently at 90 degrees, the admission of air to the building was so well regulated, that the atmosphere of the wards was rarely oppressive." We make a few extracts from the report :

"The comfortable breakfast of coffee, the meat dinner four days in the week, with a moderate allowance of malt liquor, add much to the contentment of the patients, and seem requisite to restore or induce, in their often enfeebled systems, those natural conditions under which alone recovery can be hoped for. There can indeed be no doubt that much of the insanity which exists among the poor, particularly in agricultural districts, is to be traced principally to their scanty supply of the necessaries of life, and the low state of vitality thence resulting.— In the case of many of the sick, it is found necessary to modify the ordinary diet, and allow such extras as a little wine, ale, or porter, milk, or eggs ; which often prove the best restoratives."

"The clothing which has been provided for the patients is of course of the strongest and most durable description, and is as neat and comfortable as need be desired for persons in their rank of life. Sufficient warmth is of course the primary requisite, and this is adequately ensured by the jackets, and waistcoats of bluish grey cloth, and the fustian trowsers of the men ; the woolsey petticoats of the women, and the stout shoes and woollen stockings of both sexes. The women's gowns are of a neat Manchester print ; those who require stronger dresses having them made of a mixed fabric of woollen and cotton, manufactured in the county. The men, at their work and in the open air, wear round felt hats ; the women have plain linen caps, and seldom use bonnets, except when taking exercise beyond their own airing grounds. The original outfit of clothing was supplied by the Asylum for the North and East Ridings of Yorkshire ; an institution in which the industrial system has been developed to the fullest extent, and where it was made entirely by the patients. This is probably the first instance of an asylum entering into a contract of such a kind. Great interest, as the Superintendent was informed by his energetic friend Mr. Hill, was excited among the patients, who were made aware that they were preparing clothing for another asylum ; and quite a sensation was manifested when two carts laden with heavy bales of woollen and shoes, shirts, and dresses for the women, left the doors of the North and East Ridings Asylum. It is but justice to state that the articles thus supplied have proved satisfactory, both as to quality and workmanship."

"Some efforts have been made to give elementary instruction, in

reading, writing, and arithmetic, to such of the patients as are capable of benefiting by it. The attendant who discharges the duties of school-master, gives periodical instruction to classes of both male and female patients. There has been sufficient experience of the beneficial effect of these attempts, to encourage the Superintendent in their further prosecution."

"The amusement and recreation of the patients have not been overlooked. It is not, however, desirable that, in an asylum for the labouring classes, these should assume a very prominent character, or be allowed to interfere with the ordinary business of the establishment."

We conclude by copying the report of the Commissioners in Lunacy, on their visitation of this asylum.

"We have officially visited this Institution, and personally examined all the patients. 231 in number. No one was in seclusion at the time of our visit; and the patients were very tranquil and orderly. Mechanical restraint has not yet been employed. The patients were neat and clean in their persons and dress, and altogether in a very satisfactory condition."

"We learn that about 70 males and 65 females are regularly employed; and that on an average three-fourths of the whole number attend Divine Service in the chapel, where prayers are regularly read by the Chaplain twice a day.

"The wards were throughout well warmed and ventilated, and in good order. The bedding is of good quality; and we have no doubt that, by a longer residence in the Asylum, the faulty habits of some of the patients will gradually improve, and the number of straw beds be diminished.

"Since the last visit of the Commissioners in April, 1852, 88 new patients have been admitted, 34 have been discharged, and 21 have died from various causes. At present there are vacancies for 55 patients.

"The two infirmaries have never yet been opened as such; and generally speaking the bodily health of the patients has been good. Last week, 11 males and 16 females were under medical treatment, but not for bodily illness of a serious nature.

"On the whole, the patients appear to be under careful and judicious management, and the condition of the Asylum is very good."

ARTICLE IV.

ADDENDA TO THE ARTICLES ON "INSTITUTIONS FOR THE INSANE IN PRUSSIA, AUSTRIA, AND GERMANY." *By* PLINY EARLE, M. D.

Immediately after the last pages of the sketches of German Institutions for the Insane had come from the press, I received a copy of a work* by Dr. Heinrich Laehr, Second Physician to the Hospital at Halle, which contains a *complete* list of the Institutions in question, in Germany, Prussia, and Germanic Austria. The notices of them are very brief, but, as there is no very important establishment which I have not already mentioned, they are sufficient to perfect that general knowledge of the subject, which alone can be desired by most of the readers on this side of the Atlantic. The institutions not heretofore described, will be named below, following the general arrangement of the preceding articles.

PRUSSIA.

RHENISH PROVINCES. At Cologne, a department of the City Hospital is devoted to the Insane, of whom, in December 1851, there were 126, fifty-nine males and sixty-seven females. Curable patients, if admitted, must be immediately sent to Siegburg. Dr. Raeckel is the Physician in Chief to the Hospital.

* Ueber Irrsein und Irrenanstalten. Für Aerzte und Laien. Von Dr. Heinrich Laehr, Zweitem Arzte der Provinzial-Irrenanstalt bei Halle. Halle, 1852.

At the Monastery of Alexian Brothers, in Cologne, insane men have been received, ever since the foundation of the establishment, A. D. 560. None but incurables are now admitted. In December, 1851, the number of patients was nine. Dr. Raeckel, Physician.

In Kaiserswerth, an establishment for curable and incurable females, founded by Pastor Fliedner, and consisting of two buildings, one old, the other new, was opened in 1852. "In certain respects it is a private institution; but, still, it was erected for the public benefit." Patients are charged from 250 to 600 thalers per annum,—Dr. Hintze, Physician.

The Alexian Monastery at Neuss has been an Asylum for insane men for more than a century. Seven "Brothers" have the charge of the patients, of whom there were 25 incurables in December, 1851. Physician, Dr. Hellersburg.

WESTPHALIA. A department of the Clemens Hospital, at Munster, is occupied by insane patients, of whom, at the close of 1850, there were four, one man and three women. Dr. Pellengahr, Physician to the Hospital.

SAXONY. There is a City Asylum, for incurables, at Magdeburg, under the medical care of Dr. Neide. Number of inmates, in December, 1851, nineteen, of whom 7 were men and 12 women. It is about to be discontinued, and the patients removed to Halle.

BRANDENBURG. The Asylum of Wittstock, for the paupers and poor invalids of the government district Potsdam, has a department for idiots, and harmless incurable insane. Dr. Schultze, Physician. In December, 1851, there were 101 patients, 40 men and 61 women.

POSEN. Insane persons of either sex are received at the Asylum in the Franciscan Monastery, at Posen; but such as appear to be curable are transferred to Owinsk.

WEST PRUSSIA. Some insane patients are received at the Provincial General Hospital, at Schwetz, but there is no separate department for them. At the end of 1851 there were 10 men and 6 women. Dr. Butzke, Physician.

AUSTRIA.

UPPER AUSTRIA. In 1788 an Asylum for the insane was opened at Lintz, in connection with a Lying-in and Foundling Hospital. In 1834 it was made an independent institution, for curables and incurables. Dr. Knoerlein is the present Physician in Chief, and Dr. Schasching House Physician. At the close of 1850 there were 114 patients, 77 men and 37 women.

MORAVIA. A department of the Hospital for general diseases, lying-in women, and foundlings, at Bruenn, is devoted to the insane. Dr. Olexik, Physician in Chief to the Hospital. The number of patients at the end of 1851 was 118, of whom 61 were men, and 57 women.

AUSTRIAN SILESIA. Six rooms in the General Hospital at Troppau are set apart for insane patients. If, at the termination of six months from the time of admission, they remain uncured, they are sent to the Hospital at Bruenn. Dr. Rokita, Physician.

STEYERMARK. Insane persons have been received at the Styrian General Hospital, at Graetz, since the year 1796. They now occupy a large department. At the close of 1851 there were 77 men and 95 women; total 172. Dr. Koestel, Physician. Plans for a new edifice were designed in 1846, but no measures for its construction have been adopted.

CARYNTHIA. In the General Hospital at Klagenfurt, a section consisting of 21 rooms in the first story, for women,

and 16 in the second, for men, is devoted to the insane. Dr. Kumpf, Physician. There were 32 patients at the close of 1851.

CARNIOLA. There is a small Asylum for curables and incurables, at Laibach. It is connected with a General Hospital, but the building is disconnected from the others. "On the right hand are eleven rooms for men, and on the left, eleven for women." Dr. Zhuber is the Physician. The number of patients, at the end of 1851, was 24.

TYROL. At the General Hospital of Trient, in the Italian portion of Tyrol, there were 40 insane patients, in 1849.

COASTLANDS. An Asylum connected with the General Hospital at Trieste, but in a separate building, receives patients from that city, the Counties of Goertz and Gradska, and the Margravine of Istria. Dr. de Dreer is the Physician in Chief to the Hospital. The number of patients in December, 1851, was, of men 40, women 26, total 66.

GERMANY.

BAVARIA. An institution for curables and incurables, in the District of Oberpfaltz, was opened at Regensburg on the 1st of January, 1852. Dr. Kiderle, Physician.

A building at Klingenmunster, in the Rhine-pfaltz, near the borders of France, has been purchased for the purpose of establishing an institution for the curable insane of that district. The incurables will be sent to Frankenthal. The sum already appropriated is 215,000 florins. It is intended to make apartments for from 350 to 400 patients.

BADEN. The old receptacle at Pforzheim is still occupied by a part of the incurable insane, idiots and epilep-

tics of the Grand Duchy of Baden. At the commencement of 1850, the inmates numbered 177, whereof 85 were men, and 92 women.

MECHLENBURG-SCHWERIN. Doemitz was re-opened in August, 1851, for patients proved to be incurable at the Sachsenberg institution. Dr. Fiedler, Physician. Number of patients, 65.

MECHLENBURG-STRELITZ. There is an Asylum, in a disjoined building, but, in its government, connected with the Prison and Workhouse, at Strelitz. Both curables and incurables are received. In December, 1851, there were 50 patients, 27 men and 23 women. Dr. Berlin, Physician.

LUXEMBURG AND LIMBURG. An Ursuline Convent "in the free-city Pfaffenthal (Luxemburg)" is now used as an institution for curable and incurable insane. It is under the same direction as the Burger-Hospital. Drs. Wirth and Pondrom, Physicians. At the close of 1851 there were 29 patients, 15 men and 14 women.

ANHALT. There is an independent institution, for curables and incurables, at Dessau. It receives patients from the Duchies of Gotha and Dessau. Eight acres of land belong to it. Physician, Dr. Bobbe. Number of patients at the close of 1851, men 29, women 19, total 48.

SAXE-COBURG. At Gotha, there is an independent institution, for curables and incurables. It has accommodations for 50 patients, but, in Sept. 1851, the number was but 18. Dr. Ortleby, Physician.

SAXE-ALTENBURG. An Asylum for curables and incurables, connected with the General Hospital at Roda, but in a separate building, was opened in 1848. It is ten miles from Jena. In November, 1851, it had 78 patients, 45 men and 33 women. Dr. Richter, Physician.

SCHWARZBURG. At Arnstadt, in the Principality Schwarzburg Sondershausen, an Asylum was opened in 1820. The building formerly belonged to the Orphan Asylum. The institution is independent of others, and receives both curables and incurables. Dr. Nicolai, Physician. The number of patients at the end of 1851, was 12; men 8, women 4.

The Principality Schwarzburg-Rudolstadt also has an independent, mixed institution, at Rudolstadt. Dr. Otto, Director. In December, 1851, there were 29 patients, 15 men and 14 women.

REUSS. The fourth story of the prison at Gera, is used as a receptacle for curable and incurable insane. Each patient is confined in a cell. The number, at the end of 1851, was 13.

FREE CITIES. In Bremen some insane persons were formerly kept in the General Hospital. An independent institution, with new buildings, intended for sixty patients, was opened in August, 1851. It has a department for private, or pay-patients. At the end of 1851 the number of inmates was 26, of whom 19 were men, and 7 women. Dr. Meier, Physician.

Lubeck has an independent, mixed institution, under the medical care of Dr. Eschenburg. Most of the patients, of whom there were 24 men and 7 women at the close of 1851, are paupers. "This institution remains far behind the demands, but there is a prospect of reform."

From the data now at hand, I have compiled the following tabular schedules, in which are embodied some additional information in regard to the institutions mentioned in the preceding papers. We have now a far more nearly perfect general knowledge of the German establishments and receptacles for the insane than we have of those in the United States of America. Dr. Laehr, in a

note, page 231, alludes to the insufficiency of our provision for the insane, since as he asserts with 24,000 of them, we had, in 1849, only 30 institutions, in which but 4,711 could be accommodated. Our first-class Asylums are rapidly multiplying, and hundreds, nay, thousands of our insane are in the numerous receptacles connected with general hospitals, almshouses, and county prisons. But our deficiencies are not so great as would be implied by this statement.

These receptacles, although some of them have decent accommodations, and from fifty to seventy-five patients, have never been classed among our "Institutions" for the insane.

PUBLIC INSTITUTIONS FOR THE INSANE IN PRUSSIA.

Institutions.	Opened.	Physicians.	No. of Patients.	Remarks.
RHINE PROVINCES.				
Alexian Brothers,	6 cent'y.	Dr. Racckel,	9 Dec. 1851,	437 square miles; population 2,830,936.
Alexian Brothers,	14th do.	Dr. Schunacher,	50 Dec. 1851,	At Cologne.
Annunciaten,		Dr. Hartung,	95 End 1851,	"
Cologne,	1802	Dr. Racckel,	126 Dec. 1851,	"
Dusseldorf,		Dr. Bourne,	111 Dec. 1851,	Takes incurables from Siegburg.
Kaiserswerth,	1852	Dr. Hintze,	for forty females.	Pastor Flichner, director.
Neuss,		Dr. Hellersberg,	25 End 1851,	For men, opened more than 100 years ago.
Siegburg,	1825	Dr. Jacobi,	228 Nov. 1851,	Dr. Focke, Second Physician.
St. Thomas,	1835	Dr. Lox,	117 Dec. 1851,	Andernach. Incurables from Siegburg.
Treves,	1835	Dr. Tobias,	98 Dec. 1851,	
WESTPHALIA.				
Gesecke,	1841	Dr. Schrymann,	28 End 1851,	638 square miles. Population 1,468,998.
Marsberg,	1835	Dr. Kuabbe,	344 Dec. 1851,	Dr. Schwartz, Second Physician.
Munster,		Dr. Pellingahr,	4 End 1850,	
SAXONY.				
Halle,	1844	Dr. Damerow,	313 Dec. 1851,	460 square miles. Population 1,790,240.
Magdeburg,		Dr. Neide,	19 Dec. 1851,	Dr. H. Lachr, Second Physician.
POMERANIA.				
Greifswald,	1834	Dr. Berndt,	21 Dec. 1851,	
Ruegenwald,	1841	Dr. Steinhauer,	69 Dec. 1850,	
Stralsund,	1842	Dr. Von Wulff-Crona	27 End 1851,	576 square miles. Population 1,197,701.
BRANDENBURG.				
Arbeitshaus,		Dr. Leubuscher,	176 End 1851,	734 square miles. Population 2,200,000.
Charlote,	1798	Dr. Ideler,	128 End 1851,	Berlin.
New Ruppın,	1801	Dr. Wallis,	148 End 1850,	Berlin, Dr. Goecke, 2d Physician.
Soran,	1812	Dr. Schneider,	160 Nov. 1851,	
Wittstock,		Dr. Schultze,	101 Dec. 1851,	
SILESIA.				
Breslau,		Dr. Ebers,	41 Dec. 1851,	741 square miles. Population 3,065,809.

Brieg, Leubus, Plagwitz, Posen.	Incurables, Curables, Incurables,	1820 1830 1826	Dr. Ehrlich, Dr. Martini, Dr. Pohl,	170 144 110	End 1851, Dec. 1851, Dec. 1851,	Dr. Hoffman, 2d physician.
Owinsk, Posen, Prussia.	Mixed, Incurables,	1833	Dr. Beschorner,	94 18	1850, 1852,	536.51 square miles. Population 1,364,000.
Dantzic, Koenigsberg, Schwetz, " Wehlau,	Mixed, " " Rel. United " "	16 cen'y 18 cen'y 1822	Dr. Goetz, Dr. Bernhardt, Dr. Butzke,	69 71 16	Dec. 1851, Nov. 1851, End 1851, for 200, for 200,	1178 square miles. Population 2,499,400. Patients to be removed to Schwetz. To be abolished when Wehlau is opened. General hospital, patients not separated. Expected to open in 1852. " " "

The Hohenzollern Lands, with 21½ square miles, and 66,000 inhabitants have from 10 to 12 insane in the general Hospital.

INSTITUTIONS FOR THE INSANE IN GERMANIC AUSTRIA.

Institutions.	Opened.	Physicians.	No. of Patients.	Remarks.
UPPER AUSTRIA.				
Linz,	Mixed,	1788	114	End 1850, 203 square miles. Population 720,000.
Lower Austria.				Dr. Schassing, house physician.
Vienna Gen. Hospital,	Mixed,	1784	427	July 1851, 359½ square miles. Population 1,538,047.
" New "	Curables,	1852	for 400.	
Ybbs,	Mixed,	1817	278	End 1851,
SALZBURG.				Dr. Horning, 2d physician.
Salzburg,	Mixed,		16	Dec. 1851, 130 square miles. Population 152,000.
MORAVIA.				Dr. Zellner, acting physician.
Bruenn,	Mixed,		113	End 1851, 404½ square miles. Population 1,333,200.
SILESIA.				93½ square miles. Population 476,300.
Troppau,				Has but 6 rooms.
STEYERMARK.				408 square miles. Population 1,000,000.
Graetz,	Mixed,	1796	172	End 1851, 943½ square miles. Population 4,600,000.
BOHEMIA.				Drs. Ezermark and Spielman, assistants, opened in 1790. as department of hospital.
Prague,	Rel.-United	1846	594	Nov. 1851, 188½ square miles. Population 340,000.
CARYNTHIA.				
Klagenfurt,	Mixed,		32	End 1851, 181½ square miles. Population 500,000.
CARNIOLA.				
Laibach,	Mixed,		24	End 1851, 523 square miles. Population 900,000.
TYROL.				Dr. Stoltz, second physician.
Hall,	Mixed,	1830	102	Dec. 1851, 138,3 square miles. Population 505,831.
Trient,	"		40	Feb. 1849,
COASTLANDS.				
Trieste,	Mixed,		66	Dec. 1851,

The Duchies Auschwitz and Zotor, with 70 square miles and 365,000 inhabitants, have no institutions for the insane.

INSTITUTIONS FOR THE INSANE IN GERMANY.

Institutions.	Opened.	Physicians.	No. of Patients.	Remarks.
KINGDOM OF SAXONY.				
Colditz,	1829	Dr. Weiss,	376	272 square miles. Population 1,894,636.
Habertsburg,		Dr. Weigel,	Oct. 1851,	For men. Dr. Voppel, 2d physician.
Leipsic,	1701	Dr. Radins,	about 100.	Females; mostly idiots.
Sonnenstein,	1811	Dr. Lessing,	35	Formerly for curables.
K'M BAVARIA.			241	At P'ima, Dr. Klotz, house physician.
Baireuth,		Dr. Marc,	Jan. 1850,	1394 square miles. Population 4,526,650.
Bamberg,		Dr. Schwappach,	54	
Erlangen,	1846	Dr. Solwig,	Dec. 1851,	
Frankenthal,		Dr. Bettuger,	39	End 1851,
Giesing,		Dr. Christmuller,	148	Jan. 1850,
Irsee,	1803	Dr. Hagen.	230	Jan. 1852,
Klingenmunster,	1849		45	Dec. 1850,
Regensburg,	1852	Dr. Kiderle,	118	Nov. 1851,
Wurtzburg,	1743	Dr. Marcus,	80	End 1851,
K'M WURTEMBERG.				
Winnenthal,	1834	Dr. Zeller,	103	End 1846,
Ziviatalten,	1812	Dr. Schaeffer,	160	Nov. 1851,
Mariaberg,	1841	Dr. Zimmer,	52	Jan. 1852,
Riehl,	1843	Dr. Muller,	12	End 1850,
K'M HANOVER.				
Hildesheim,	1827	Dr. Bergmann and	190	End 1851,
	1827	three assistants.	212	" "
	1849		160	" "
GRAND DUCHY BADEN.				
Illenau,	1842	Dr. Roller,	414	End 1851,
Pforzheim,	14th cent	Dr. Muller,	177	Jan. 1850,
G. D. MECHLENBURG				
SCHWERIN.				
Doemitz,	1851	Dr. Fiedler,	65	in 1850,

First Relative-United Institution in Germany.

273½ square miles. Population 1,379,000.

Near Achern, Drs. Hergt and Fischer, assistants.

228 square miles. Population 536,724.

Takes incurables from Sachsenburg.

INSTITUTIONS FOR THE INSANE IN GERMANY.—(Continued.)

Institutions.	Opened.	Physicians.	No. of Patients.	Remarks.
Sachsenberg, G. D. Oldenburg.	1830	Dr. Flemming,	201 Jan. 1851,	Near Schwerin. Dr. Lechler, 2d physicians. 113 square miles. Population 278,030.
Blankenburg, G. D. Hesse.	1786	Dr. Kindt,	35 in 1843,	152 square miles. Population 69,917.
Hofheim, G. D. MECHLENBURGH STRELITZ.		Dr. Hohlenschild,	367 End 1851,	Near Darmstadt. 52 square miles. Population 524,000.
Jena, G. D. WEIMAR.		Dr. Berlin,	50 Dec. 1851,	67 square miles. Population 261,370.
G. D. LUXEMBURG & D. LIMBURG.	1821	Dr. Kieser,	61 Jan. 1851,	65½ square miles. Population 282,000. Dr. Pondrom, associate physician.
Luxemburg, Duchy BRUNSWICK.		Dr. Wirth,	29 End 1851,	72 square miles. Population 270,100.
Brunswick.	1829	Dr. Mansfield,	61 Jan. 1851,	34 square miles. Population 427,915.
D. Nassau.		Dr. Snell,	153 End 1850,	Dr. Basting, 2d phys. Eberbach opened 1812. 45¾ square miles. Population 163,323.
Eichberg, D. SAXE-MEININGEN.	1849	Dr. Harnisch,	32 Jan. 1852,	163½ square miles. Population 163,000. 157½ " " 525,050.
Hildburghausen, D. SCHLESWIG & HOL- STEIN.	1830	Dr. Rucppell,	469 Dec. 1851,	Dr. Gage, 2d physician. 48 square miles. Population 158,000.
Schleswig, D. ANHALT.	1820	Dr. Bobbe,	43 End 1851,	37 square miles. Population 149,753.
Dessau, D. SAXE-COBURG.		Dr. Ortley,	13 Sept. 1851,	24½ square miles. Population 131,729.
Gotha, D. SAXE-ALTENBURG.		Dr. Richter,	78 Nov. 1851,	2 geographical miles from Jena. 208.9 square miles. Population 754,590.
Roda, Elec'o Hesse & CASSEL.	1848			

Hainal.	Incu., men,		154	Dec. 1851,	20 crotins.	School to be opened for them.
Merxhausen,	Incu., w'h,	1533	111	Dec. 1851,	21 square miles.	Population 108,000.
Prin'tly Lappe DETMOLD	Mixed,		74	Dec. 1851,	New buildings to be erected.	
Brake,	Mixed,		12	End 1851,	31 square miles.	Population 129,652.
Pr. SCHWARZBURG.	Mixed,	1820	29	Dec. 1851,	27,9 square miles.	Population 112,175.
Arnstadt,	Mixed,		13	End 1851,	7 square miles.	Population 188,054.
Rudolstadt,	"		495	Jan. 1851,	"	76,000.
Pr. REUSS.	"		26	End 1851,	"	42,685.
Gera,	"		31	End 1851,	"	"
Free City Hamburg,	"		67	Nov. 1851,	"	71,678.
Bremen,	"					
"	"					
"	"					
Lubeck,	"					
Frankfort on	"					
Main,	Mixed,					

The Principality WALDECK, with $21\frac{1}{2}$ square miles and 62,000 inhabitants, has a few insane in the asylum for chronic disorders, at Flechtendorf. The principality SCHAUMBURG-LUPPE, with $9\frac{1}{2}$ square miles, and 30,000 inhabitants, has a few in its prison and almshouse. The Principality LIECHTENSTEIN, with $2\frac{1}{2}$ square miles and 6,400 inhabitants, has no receptacle for the insane. The Landgraviate HESSE HOMBURG, with 6 square miles and 26,000 inhabitants, sends its insane (six in 1851) to Hofheim.

PRIVATE INSTITUTIONS.

The following table, compiled from the work of Dr. Laehr, includes all the private establishments recognized by him in the Germanic Countries. He notices, however, only "those which are directed by a physician, and which, by their internal and external regulations, can be considered, by persons who understand the subject, as *Private Institutions for the Cure and Care of the Insane.*" How many, are thus ignored, I know not, but among them is that of Mrs. Klinsmann in Berlin, as well as several others in the same city, which though licensed by the Government, certainly can present but feeble claims to the title of "Institution."

PRIVATE INSTITUTIONS.

Institutions.	Countries.	Opened	Director.	No. of Patients.	Land.	Remarks.
Bendorf, Bonn,	PRUSSIA. Rhine Province,	1847	Dr. Erlemmeyer, Dr. M. Nasse,	22, End 1851,		Near Coblenz. For insane and Idiots. Estab. by Dr. F. Nasse, father of present proprietor, who died in 1851.
Bonn,	"	1849	Dr. Herz,	16 rooms,	2 1/2 gardens	
Bonn,	"		Dr. Albers,	for 20,	7 acres.	
Endenich, Bitorf,	"	1844	Dr. Richardz,	8 in 1850,	50 acres,	
	"	1846	Dr. Meyer,	15, End 1850.		Between Cologne and Bonn. For 25. 3 G. miles from Bonn, 2 from Siegburg.
Moers, Berlin, Kowanowko,	"	1843	Dr. Whitfield,	4, End 1850.		
	Brandenburg,	1849	Dr. Posner,			
	Posen,		Dr. Zelasko,			
Vienna,	Austria. Lower Austria.	1831	Dr. Gergen,	about 30.	large park,	Founded at Sumpendorf, in 1819, by the father of Dr. Gergen.
Lindenhof, Paina,	GERMANY. K'm Saxony,	1833	Dr. Matthias,	for 20,		Near Dresden; fu'd by Dr. Braumlich.
Thonberg, Kennenburg, Schorndorf,	"	1838	Dr. Pienits,	for 20.		Dr. Dietrich, Second Physician.
	"	1844	Dr. Gneutz, Dr. Stimmel,	25 in 1844,	6 acres,	Near Leipsic. Formerly Heimbach; near Esslingen.
	"		Dr. Schnurmer, M. Bauer, proprietor,			14 English miles from Stuttgart d. Founded by Dr. Schnurmer, senior. In the suburbs of Jena.
Jena, Marienthal, Oberuenland, Rockwikel, Hornheim,	Saxe Weimer, Saxe Meiningen, near Bremen, " " Schleswig,	1848 1846 1770 1845	Dr. Kieser, Dr. Marling, Dr. F. Engelken, Dr. H. Engelken, Dr. P. Jessen,	for 25, for 50—60,	2 1/2 acres, 20 acres,	Near Kiel, Dr. W. Jessen, 2d Physician.

GENERAL VIEW OF THE GERMAN INSTITUTIONS FOR
THE INSANE WITH REFERENCE TO THEIR DESTI-
NATION.*

AA. PRIVATE INSTITUTIONS.

Bendorf, Berlin, Bonn 3, Eitorf, Eendenich, Hornheim, Jena, Ken-
nenburg, Kowanowko, Lindenhof, Marienthal, Moers, Oberrheinland
Pirna, Rockwinkel, Schondorf, Thonberg, Vienna.

BB. PUBLIC INSTITUTIONS.

I. CONNECTED WITH OTHER INSTITUTIONS.

A. WITH PENAL INSTITUTIONS.

1. *Curables and Incurables.*

Strelitz, Gera.

2. *For Incurables.*

Berlin.

B. WITH OTHER HOSPITALS.

a. In the same building.

1. *For Curables and Incurables.*

Berlin, Breslen, Brunn, Dantzic, Gratz, Hamburg, Klagenfurt, Mun-
ster, Schwetz, Trient, Wurtzburg.

2. *For Incurables.*

Cologne, Leipsic.

b. In separate buildings.

1. *For Curables and Incurables.*

Bremen, Kaiserswerth, Laibach, Luxemburg, Roda, Trieste, Vienna,
Hubertusburg, Treves.

C. WITH ASYLUMS FOR CHRONIC AND INCURABLE CASES.

1. *For Curables and Incurables.*

Hofheim.

* This table is extracted from the book of Dr. Laehr.

2. *For Incurables.*

Aix-la-Chapelle, Frankenthal, Gesecke, Haina, Merxhausen, Pforzheim, Stralsund, Wittstock.

II. INDEPENDENT INSTITUTIONS.

1. *Mixed; Curables and Incurables together.*

Armstadt, Bamberg, Baireuth, Brake, Brunswick, Dessau, Frankfort on the Maine, Gotha, Hall, Hildburghausen, Irsee, Jena, Koenigsberg, Lintz, Lubeck, Mariaberg, Munich, New Ruppın, Owinsk, Regensburg, Rudolstadt, Salzburg, Schleswig, Soran, Winterbach, Ybbs.

2. a. *For Incurables.*

Aix-la-Chapelle, Blankenburg, Brieg, Cologne, Colditz, Dœmitz, Dusseldorf, Magdeburg, Neuss, Plagowitz, Posen, Rugenwald, St. Thomas (Andernach) Zwiefalten.

2. b. *For Curables.*

Greifswald, Klingenmunster, Leubus, Sachsenberg, Sonnenstein, Siegburg, Vienna, Winnenthal.

3. *Relative-Connected Institutions: the Curables and Incurables being in separate buildings.*

Eichberg, Erlangen, Halle, Hildesheim, Illenau, Marsberg, Prague, Schwetz, Wehlau.

ARTICLE V.

ANNUAL REPORT OF AMERICAN ASYLUMS.

1. *Annual Report of the Officers of the New Jersey State Lunatic Asylum at Trenton, for the year 1852.* Trenton, 1853.
2. *Report of the Board of Trustees of the Massachusetts General Hospital, presented to the Corporation at their annual meeting, January 26th, 1853.* Boston, 1853.
3. *Annual Report of the Trustees and Superintendent of the Pennsylvania State Lunatic Hospital at Harrisburg, for the year 1852.* Harrisburg, 1853.
4. *Report of the Pennsylvania Hospital for the Insane, for the year 1852. By Thomas S. Kirkbride, M. D., Physician to the Institution. Published by order of the Board of Managers.* Philadelphia, 1853.
5. *Thirty-sixth Annual Report on the state of the Asylum for the relief of persons deprived of their reason. Published by direction of the Contributors. Third month, 1852.* Philadelphia, 1853.
6. *Tenth Annual Report of the Managers of the State Lunatic Asylum of the State of New York; transmitted to the Legislature, February 16th, 1853.* Albany, 1853.
7. *State of the New York Hospital and Bloomingdale Asylum for the year 1852.* New York, 1853.
8. *Report (of the Lunatic Asylum, Blackwell's Island,) to the Board of Governors of the Alms House, (for the year 1853.)*
9. *Sixteenth Annual Report of the Trustees and Superintendent of the Vermont Asylum for the Insane. August, 1852.* Brattleboro', 1853.
10. *Third Biennial Report of the Illinois State Hospital for the Insane, for the years 1851 and 1852.* Jacksonville, 1853.

11. *Reports of the Board of Visitors, Trustees and Superintendent of the New Hampshire Asylum for the Insane, June Session, 1853.* Concord, 1853.
12. *The Tenth Annual Report of the Mount Hope Institution, near Baltimore, for the year 1852. By William H. Stokes, M. D.* Baltimore, 1853.
13. *Reports of the Trustees and Superintendent of the Butler Hospital for the Insane, presented to the Corporation at their Annual Meeting, Jan. 24th, 1853.* Providence, 1853.
14. *Report of the Trustees of Stockton State Hospital, California. (In the Senate session of 1853.)*
15. *Report of the Board of Managers of the State Lunatic Asylum, to the seventeenth General Assembly of Missouri.*
16. *The Twenty-ninth Annual Report of the Officers of the Retreat for the Insane at Hartford, Conn., April, 1853.* Hartford, 1853.
17. *Report of the Board of Visitors of the Boston Lunatic Hospital, containing a statement of the condition of that Institution, and transmitting the Annual Report of the Superintendent for 1852.* Boston, 1852.
18. *Twenty-fifth Annual Report of the President and Directors of the Western Lunatic Asylum, (Virginia.)* 1852.
19. *Report of the Eastern Lunatic Asylum in the city of Williamsburg, Virginia.* 1852-3. Richmond, 1853.
20. *Fourteenth Annual Report of the Board of Trustees for the Benevolent Institutions, and of the officers of the Ohio Lunatic Asylum to the General Asylum of Ohio, for the year 1853.* Columbus, 1853.
21. *Report of the Board of Visitors of the Maryland Hospital for the Insane at Baltimore to the General Assembly of Maryland for 1852.* Baltimore, 1853.
22. *Report of the Board of Commissioners and of the Superintendent of the Provincial Lunatic Asylum of New Brunswick for the year 1852.* St. Johns, 1853.
23. *Third Annual Report of the Directors of the Provincial Asylum at Toronto, of 7th July.* Quebec, 1852.

1. *The New-Jersey Lunatic Asylum.*—This is the sixth Annual Report of the New-Jersey Asylum. An appropriation made by the legislature of six thousand dollars, for furnishing it with an adequate supply of water and for fixtures and improvements has been applied;—

Stuart F. Randolph, of New-York, a native of New-Jersey, has presented to the institution, the sum of two thousand dollars, “to erect and furnish a museum and reading room for the use of patients, under proper regulations, and to be placed on the ground, at some convenient distance from the main building.”

Dr. Buttolph, the Superintendent, presents the statistics as follows :

	Males.	Females.	Total.
Remaining Jan'y 1, 1852,.....	85	86	171
Rec'd to Jan'y 1, 1853,.....	60	61	121
	145	147	292
Discharged Recovered,.....	19	26	45
“ Improved,.....	23	15	38
“ Unimproved and stationary,....	1	—	1
Died,.....	11	15	26
	54	56	110

The whole number of patients received and treated in the asylum since its opening, (May 15, 1848, to Jan'y 1, 1853,) have been :

	Males.	Females.	Total.
	264	251	515
Of whom have been discharged			
Recovered,.....	81	80	161
Improved,.....	62	41	103
Unimproved and stationary,.....	4	11	15
Escaped,.....	1	—	1
Died,.....	25	28	53
	173	160	333
Remaining January 1, 1853,.....	91	91	182

The deaths have been mostly amongst cases considered incurable, and in nine instances, the cause was the

occurrence of a dysenteric affection, following the extremely hot weather of summer.

Dr. Buttolph is very desirous of the completion of the asylum building according to the original design.

This is urged "for the two-fold purpose of extending its accommodations, and perfecting its arrangements."—At present "not more than 180 can be well provided for." The Census of 1850, make 386 insane in the State, and 452 idiotic. Many of the latter probably cases of dementia. Further "the expense of conducting the institution, as it regards the salaries of officers, in its extended form, would be slightly more than at present, hence the support of patients would be comparatively cheapened."

The second purpose of completion is to allow a "more extended and perfect classification." This is of the highest moment in institutions for the insane, as on a proper classification, the cure and comfort of patients greatly depend. "If the noisy and vociferous, the profane, the violent, the vulgar and filthy, are indiscriminately mingled with the quiet, the harmless, the cleanly and timid, an effectual barrier is raised to prevent the cure of many and the comfort of all."

Twenty-eight pages of the report are occupied with an Essay by the Superintendent, entitled "*Insanity or Mental Derangement. An Inquiry into its nature, forms, causes, means of prevention and general principles of treatment.*" It is deeply imbued with what by distinction are styled "*The Doctrines of Phrenology.*"

2. *Massachusetts General Hospital.*—Under this general title, is included the "*Thirty-fifth Annual Report of the Physician and Superintendent of the McLean Asylum for the*

Insane to the Trustees." The statistics as we gather them from the tables, are as follows—

Remaining, end of 1851,.....	191
Admitted during 1852,.....	145—336
Discharged,.....	135
Remaining at end of 1852,.....	201

Dr. Bell's views in regard to the present capacity of the Asylum, the propriety of its enlargement, and the increasing necessity for more extended accommodation for the Insane, are best found in his own language—

"We have tried to receive as large a proportion of those for whom application has been made, as we could feel at all justified in doing. If we have erred in this duty, it is in being over persuaded to receive pressing cases, beyond the true limits of our accommodations. None who have not been subjected to the trial, can well judge of the pain of refusing and turning back upon the anxious, exhausted and hopeful friends a case of high excitement or determined suicidal propensity, brought to our door. The call for room the past year, has far exceeded any thing in our former experience. It is within bounds to say, that we have been obliged to refuse more female patients than we have received, and probably as many of both sexes as we have admitted.

"The other hospitals of New England have been crowded, and the opening of each new institution has failed to relieve us of the press for places. Some, like that excellent institution, the Butler Hospital at Providence, which was arranged for what was thought a most ample magnitude for the district it was to accommodate, seemed to relieve us for a while, but their limit is also reached.

"I am perfectly aware that your Board in common with all experienced authorities, have uniformly entertained the conviction, that the absolute number of insane persons under one charge, ought not to exceed about the present number here. No one director, no matter how vigorous physically, energetic intellectually. or blessed with sensibilities ever cheerful and unflagging, can stand the pressure of a greater duty than this for many years and live. That mortality which has swept away so many of our beloved band of brethren in this speciality within a few years,—leaving me at no advanced age the oldest in service, is too melancholy a proof, that they who have attempted duties beyond a certain limit, have uniformly fallen overpowered at the wayside.

"I surely would be the last to recommend any augmentation of numbers in this place, but would rather prefer a plan by which for some

years at least, a reduction should be effected by giving up the irregular additions which we have forced into the service. A new institution on the same basis and with the same essential features as to regimen as this, and of a similar magnitude, would meet the emergency for another generation. I see no other way to provide for it but this.

In advocating the entire separation of the sexes, and their treatment in institutions removed from each other, he says :

"If it be considered as settled, that this Asylum should not be enlarged, but that another like it shall be added under the same control, and departmental to the Massachusetts General Hospital, the question arises, whether a repetition of this should be decided upon, or a division, by which the sexes should be separated, and each arranged for by itself?

"This is a point easily settled in my mind. There are no advantages of which I am aware in having the insane of both sexes in one institution of this kind, whatever may be the case in pauper establishments, or where labor is expected of the inmates. On the contrary, there are many inconveniences and disadvantages. The customary arrangement of patients of both sexes in the same place, doubtless had its origin in the expectation that only so many sufferers could be aggregated as would be sufficient for the full employment of a single directing head. It seems not a little singular that a custom entailing so many objections should have been continued, where its original basis had ceased to exist.

"The arrangements here existing with a few changes would meet the demand for a single sex, as fully as they now do for both. In such a separation as that suggested, it would probably be found expedient to continue this as the Male Department. The reasons for this will be found in the strong and solid construction of every part of these edifices, which would not be required in buildings for females. A more retired situation would be more congenial and appropriate to them.

"Under the present style of accommodations for the insane, reached by an experience commenced here and every year matured and perfected in new undertakings, a considerable outlay for each patient is inevitable, but it is certain that a Department for Females could be provided within a few miles of the city, at a vastly less proportionate outlay than here has been required, beginning as our founders did *de novo*, and entirely without any experience as to what was needed. A true taste would seem to require something for this purpose after the type of an elegant villa, in a retired location, rather than any form of those ostentatious structures, too frequently selected as designs for hospitals, adorned with domes, columns and such costly appendages."

3. *The Pennsylvania State Lunatic Hospital.*—The managers represent that the building is going on to completion, and that it now contains apartments for more than three hundred patients, and for all who are in any way employed in their care.

The Superintendent (Dr. John Curwen,) reports :

	Males.	Fem.	Total.
Remaining December 31, 1851,.....	24	13	37
Admitted during 1852,.....	65	53	118
	89	66	155

Discharged :

Restored,.....	13		
Improved,.....	16		
Stationary,.....	10	29	19
Died,.....	7		48
Eloped,.....	2		
	48		

Of the deaths, the causes in 5 were from exhaustion, following either acute or chronic mania.

This is a new institution, yet from the following extracts it appears that extensive alterations are already required. The medical Superintendent was not appointed until the building was completed.

“The alterations and improvements in the building, which were directed by your board, have all been completed; and although they involved a considerable outlay of money, they have contributed very materially to the comfort and convenience of the inmates.

“The windows, which were all so open between the sash as to admit a large amount of cold air in windy, wintry weather, have been so far tightened as to exclude the air to a very great extent.

“The hot air flues which were too small, and on that account insufficient to convey the heat to the wards, were all reconstructed during the Summer, so that now the warm air is admitted into the wards in much larger volume, and not as highly heated. From the experience which we have thus far had, these flues appear to answer the object very well, and the registers in the halls and in the parlors are so arranged that the amount of heated air admitted may be regulated at any time without the least difficulty. A number of foul air flues were also constructed to re-

move any foul air in the halls and in the parlors. These latter flues all terminate in the attic, and it is designed to connect them with a shaft heated by a coil of steam pipe so as to give a strong ventilation to the wards.

"The shafts for the admission of "fresh air" into the hot air chamber, have all been extended to such a distance from the building as to be removed from the influence of any currents or eddies created by the projections of the building, and it is designed to erect over the openings neat but plain structures which may be ornamental and at the same time prevent anything from being thrown into these air shafts. When the structures over the openings are finished, the air will be admitted not less than ten feet from the ground, and passing along the whole length of the shaft will be gradually equalized and admitted into the hot air chamber much more equally and regularly than before; while in summer, the air passing through these under-ground passages will be gradually cooled, and a gentle current of temperate air will be constantly passing through the wards, thus rendering them much more pleasant and purer.

"The alterations in the bath rooms have also all been completed, and the arrangements now are such as to conduce very materially to the comfort and convenience of the patients,

"The bath tubs have all been so arranged that both the hot and cold water are admitted through the bottom of the tub, and the water after being used is withdrawn at the same opening. Stationary wash basins, with hot and cold water, have also been put up, two in each ward, made of cast iron with a view to their durability. Sinks for the waste water have also been placed in each bath room. The floors of all the bath rooms have also been oiled, so as to prevent the absorption of moisture.

"The alterations in the water closets were delayed until a plan was found which was believed to combine every essential requisite, convenience, durability, freedom from the many annoyances so frequently attendant on such fixtures, and at the same time economy. They are all so arranged that a downward draught is secured in each sufficient to draw down the flame of a candle, and thus the air of the ward is prevented from being contaminated, and as every part of the structure is of iron, no trouble need be anticipated from the absorption of any unpleasant effluvium. In addition to the arrangement for a downward ventilation, it is so arranged that whenever the door of the room is opened, either in entering or in going out, a valve is also opened by which a stream of water is thrown into the soil pan sufficient to cleanse it entirely.

"In these alterations much expense has necessarily been incurred, but as they were indispensably necessary and have been made so as to obviate the necessity of such alterations being again required, it is believed that true economy has been consulted.

"If it had been possible to avoid the expense attendant upon these alterations, it would most assuredly have been done, but the experience of the last winter proved to a demonstration the total inefficiency of the hot air flues for the conveyance of an adequate supply of warm air into the wards; the cold air shafts were so built that too much air on one side of the house and too little on the other was admitted into the hot air chamber, so that while the current on one side was too violent, on the other it was not sufficiently strong to displace the hot air in the air chamber and drive it upwards. The other alterations were also imperatively demanded, as the water closets were nearly all out of order before they had been in use three months, and the bath rooms were necessarily incomplete without some place into which the waste water could be thrown, while the original fixtures were very inconvenient and of a character to occasion a great amount of trouble."

4. *The Pennsylvania Hospital for the Insane.*—The reports of Dr. Kirkbride are models of lucid arrangement. Every subject has its proper place, and is briefly but fully considered.

At the commencement of the year there were in the institution 216 patients; admitted during the year 197. Average number treated 226, whole number 413.

There were discharged in 1852, cured 99, much improved 18, improved 36, stationary 17, died 28. Of the 99 cured only 4 were residents over a year.

Among the deaths, 5 were from acute mania, 2 exhaustion from refusal of food, 1 suicide. Five of these died within 10 days after admission.

We make some selections :

FARM AND GARDEN.—It has become so well understood that a farm and garden are essential parts of the means of treatment of a Hospital for the Insane, that they are now almost universally placed under the same general superintendence as the other parts of the establishment. In this way, they can scarcely fail to prove exceedingly valuable, by contributing to the comfort, happiness, and restoration of many patients, as

well as for the convenience and profit resulting from the abundant supplies of fresh vegetables derived from them. Although these last are really important, it should be with special reference to the former that we make our estimate of the true value of a farm and garden in connection with such a Hospital.

"No new institution, I feel quite confident, will hereafter be put up, on less than one hundred acres of land, which amount seems to be indispensable to give the proper degree of privacy, to provide sufficient means of labor and of exercise, and to furnish the supplies that are required."

Dr. Kirkbride has a library in each ward for the use of patients and attendants, and now contemplates establishing one in the basement for the use of domestics.

Gas has been introduced during the past year, obtained from the Philadelphia gas works at a cost of \$2,895.

"The fixtures which have been put up are of a plain, but neat and substantial character, and the gas has been introduced into every place where it was thought desirable to have it. It may also be mentioned in this connection, that in no part have arrangements been made to turn up the fixtures when not in use; and, of the whole number, there is but one burner, the cock of which is turned with a key."

The following improvement is of the highest importance. The means of extinguishing fire readily should not be wanting in any Asylum:

"SUPPLY OF WATER.—The steam engine and pumps referred to last year as having been just introduced, continue to work to our entire satisfaction.

"For the purpose of rendering our apparatus for extinguishing fire more complete, 600 feet of three-inch cast-iron pipe have been laid in front of the Hospital, and at a distance of about 65 feet from the main building. Along the line of this pipe, five fire plugs have been placed, and 500 feet of hose, now owned by the Hospital, will enable us to carry water from them to any part of the building. This new pipe is connected with that through which the water is pumped into the tanks in the dome of the centre building. This arrangement enables us, in case of accident, first, to use whatever water is in the tanks, and afterwards by putting the steam-engine in motion, to use it as a fire engine with an almost unlimited supply of water, and to direct the same through the hose upon the fire wherever it may be situated. The engine can be put in

motion at any time in thirty minutes after an alarm is given, and, until it is started, the water in the tanks will give a good supply with a head of nearly 70 feet.

"CALISTHENEUM.—A neat structure, 60 by 9 feet in size, has been put up in the ladies' pleasure grounds, intended to give an opportunity for the free use of the various calisthenic exercises which have there been introduced for the benefit of the female patients of the Institution."

The report contains some excellent remarks in regard to the system of restraint, which we should copy had we room.

5. *The Friends' Asylum* is under the care of Dr. J. H. Worthington. On the 1st of Third month, (we preserve the term to show the character of the institution,) 1852, there were remaining :

	Males.	Females.	Total.
	27	25	52
Admitted during the year,.....	16	12	28
	43	37	80

"Since the Institution was opened for the reception of Patients in 1817. There have been

Admitted,.....	1,169
There have been discharged	
Restored,.....	515
Much improved,.....	115
Improved,.....	135
Stationary,.....	193
Died,.....	155
	1,113
Remaining,.....	56

6. *The New York State Lunatic Asylum*.—Dr. Benedict, the medical Superintendent, presents the following statistics :

	Males.	Females	Total.
Number of patients November 30, 1851,.....	220	215	435
Received during the year,.....	200	190	390
	420	405	825
Total, ...	420	405	825

	Males.	Females.	Total.
Discharged recovered,.....	92	64	156
Much improved, ...	7	4	11
Improved, ...	21	21	42
Unimproved, ...	63	89	152
Died, ...	22	17	39
	205	195	400

The number of applications has been greater than in previous years. There were admitted this year 24 more patients than last. Sixty were necessarily refused ; 38 from this State and 22 from others, to which might be added 37 patients removed to other institutions to make room for those having preference by law, making a total of 97 persons ; 75 citizens of the State against whom the institution has been obliged to close its doors.

The large number of discharges "unimproved" has been made necessary by the urgent and numerous applications of those to whom the law gives preference.

The mortality for the past year is much less than for several previous years, while the amount of sickness has been about the same as last year.

"We are highly favored in being able to report no death from suicide. This year only, since the second of the institution's history, has passed without such an accident. Nor do we report any deaths from exhaustive mania. The number treated was eleven, some of whom had been greatly depleted previous to admission. We cannot urge our medical brethren too strongly to abstain from the practice of taking blood from insane persons. Our plan of treating very active insanity is directly opposed to depletion. Not one ounce of blood has been drawn from the 825 patients under treatment during the past year. We resort to stimulation in many cases with great freedom, and have seen the best evidence of its propriety."

Some improvements have been made during the year :

"Of the bath rooms, sink rooms and water closets needing repair, 16 have been gutted from the basement to the attic and entirely rebuilt, with fixtures new in their arrangements, and equal if not superior to any now in use. The water closets especially work very satisfactorily. These have each a distinct soil pipe with downward draught, no wood work about the hoppers except the seat, which is hinged to the wall, and when depressed opens a valve admitting a bountiful supply of water."

The legislature made an appropriation for warming and ventilating the building :

It contemplates heating and ventilating the entire building by steam, the boilers and fires placed at a point remote from the main building ; the heating chambers to be about six feet wide in the ground and basement story underneath the halls on one side, and running their entire length; in which the steam pipes connecting with the boilers are to be placed, arranged in separate stories, each giving its air to a corresponding floor above, having the pipes so controlled by valves that one-third, two-thirds, or the whole can be used at pleasure ; the condensed water to be returned to the boilers by a pump driven by an engine of sufficient power. The air to be warmed enters by a single passage, near the mouth of which there is a fan by which the ventilation may be carried to any extent, the air flue giving off a just proportion of air for each heating chamber, passing it first into an equalizing chamber, from which it goes into the heating chamber where it comes into contact with the steam pipes, is heated and passes on to the halls above. From the halls the air is drawn into the bedrooms from which the ventilating flues proceed, every room having a distinct flue one foot in diameter, opening both at the floor and ceiling, all of which ventilating flues terminate in a common trunk in the attic equal in size to their combined dimensions, which discharges into the external atmosphere through the cupola, the current being created by the fan at the inlet, assisted also in summer by radiating pipe in the attic portion of the trunk."

7. *Bloomington Asylum*.—The number of insane on

the 31st of December,.....	122
Admitted during the year,.....	104
	226

Of the cases discharged during the year, there were

Recovered, ...	49
Improved,.....	25
Unimproved,.....	15
Died,.....	18
Remaining Dec. 31, 1852,.....	119
	226

* The number of patients admitted in 1852 is larger than it had been for the last three years preceding, and since certain classes of pauper patients supported at public expense have been withdrawn in consequence of the establishments of asylums elsewhere.

"This Asylum is not now to any great extent used for the entirely gratuitous reception of the insane poor. These have for some years past been provided for in the city institution on Blackwell's Island, and at the State Asylum at Utica. But the charge for support and care is fixed at a rate much below that which any private enterprise could afford, and not more than sufficient to defray the expense of personal support."

8. *Asylum on Blackwell's Island.*—During the last year, 495 patients have been admitted, of which number, 259 were residents of the City, 228 were supported by the Commissioners of Emigration (and of course, foreigners) and 8 belonged to other Counties in the State. The number of patients remaining.

	Males.	Females.	Total.
Jan'y 1, 1852, was.....	233	284	517
Admitted,.....	241	254	495
	474	538	1,012

Of these, there were discharged during the year,....	178	177	355
Died.....	70	60	130
Remaining, Dec'r 31, 1852,.....	226	301	527

Of the number discharged

248 were recovered.
89 " improved.
18 " unimproved.

335

"Two years and seven months have elapsed since a suicidal death occurred in the institution." There have however been a number of attempts.

9. *The Vermont Asylum.*—Another wing of this institution has been completed, and an ample supply of water obtained. Other improvements are in contemplation.

	Males.	Females.
The number of patients remaining August 1851, was	169	166
Admitted during the year,.....	79	82
Total,.....	248	248
Discharged during the year		
Recovered,.....	78	
Improved,.....	20	
Not Improved,.....	16	
Died,.....	31	
	145	
Remaining,.....	351	

Dr. Rockwell gives extracts from letters, showing the the kind feelings of recovered patients towards the institution and its officers.

10. *The Illinois State Hospital* was opened for the reception of patients, Nov. 3, 1851.

	Males.	Females.
From Nov. 3d, 1851, to Dec. 1st, 1852, there were rec'd	73	65
65 of these were recent cases.		

		Males.	Females.
There were discharged, Cured.....		18	16
“ Much Improved,.....		2	2
“ Improved,.....		1	4
“ Unimproved,.....		4	3
Died,.....		1	5
		—	—
		26	30

We have not received the Reports made by the Trustees to the Legislature in which the building is described.

When the Asylum was opened, it was in an unfinished state, which subjected the officers to great inconvenience, but the applications were so numerous and pressing that this was passed over.

“ During the present year a building 56 by 30 feet, and two and a half stories high, has been erected 80 feet in the rear of the centre building of the Hospital, and to be connected with it by a latticed passage way proceeding from the second story. This building is designed for a laundry, drying and ironing room, kitchen, bakery and dormitories for the domestics and others employed on the premises. Attached to the rear of this building, is a shed for the boiler and engine room.

“ The steam used for warming and ventilating the Hospital, is generated in two boilers, each 20 feet long, 4 feet in diameter, and containing 4 flues.

“ The steam is conducted from the boilers to the hot air chambers under the wings, through a cast iron pipe 6 inches in diameter, covered with felting, and placed in an archway under the ground, to protect it from the atmosphere and prevent radiation.

“ The heating and ventilation is effected by passing large quantities of pure air among wrought iron tubing, disposed in horizontal layers, through which the steam constantly circulates, and on being condensed parts with its latent heat. The water formed by this condensation, is returned to the force pump, and from thence to the boilers through a large wrought iron pipe.

"An important feature in the construction of this apparatus, is the complete separation of the various heating apartments, instead of one long chamber extending the whole length of the ward, the heretofore most approved plan. Our entire heating surface is divided in each wing, into eight different compartments; two of which are allotted to each ward, and deliver their warm, pure air through numerous flues in the inside walls, opening near the ceiling of the Halls; thus securing to each ward its proper amount of warm air.

"Ventilation is effected by flues placed for the purpose in the outside walls, and opening at the floor, in each separate room, thus maintaining a constant circulation of pure, warm air from the ceiling to the floor, and from the halls through the rooms to the outside walls. These flues terminate in a large shaft 5 feet square, discharging their impure air into the ventilating cupolas.

"The openings for the admission of cold air into the heating apartments amount to 45 square feet in each wing, and the motion of the air through these apartments is computed at 4 feet per second, so that the actual amount of pure warm air supplied to the wards is 10,800 cubic feet per minute to each wing, or 21,400 to the whole building. Thus, during every 15 or 20 minutes, the whole amount of air in the wings is changed, and a most thorough ventilation effected, an indispensable condition of success in all efforts and means for the well being and restoration of the insane."

The By-Laws are such as would meet with approval in modern institutions.

11. *The New Hampshire Asylum*.—"A change of superintending officers of the Asylum," (we quote from the report of the Trustees) "has taken place during the past year. Dr. Andrew McFarland, who had with signal ability and devotion discharged the duties of Superintendent of the institution for about seven years, resigned his trust in July last. Dr. John E. Tyler was appointed Superintendent on the fifth day of October last, and entered upon the discharge of the duties of his office on the first of November following."

It is not among the least interesting facts connected with the history of this Asylum, that the late Countess of Rumford, a native of Concord, but long resident in Eu-

rope, and Mrs. Mary Reed of Boscawen, made bequests during the past year to an amount exceeding \$15,000.

The statistics of the institution as given by Dr. Tyler, are as follows :

	Males.	Females.	Total.
Remaining May 31st, ...	63	55	118
Admitted to June, 1853.....	68	64	132
	131	119	250

Discharged :

	Males.	Females.	Total.
Recovered, ...	41	22	63
Partially recovered, ...	5	10	15
Unimproved, ...	6	5	11
Died, ...	5	3	8
	57	40	97

12. *Mount Hope Institution.*—During the ten years of the existence of this institution no less than 1,273 have received treatment in the Insane department, and 881 in the department for general diseases. Total 2,154.

There were at the commencement of the year of insane patients.

	Males.	Females.	Total.
	34	64	98
Admitted in the course of the year, ...	41	42	83
	75	106	181
Of which were discharged Recovered, ...	19	23	42
“ “ Much Improved, ...	13	11	24
“ “ Unimproved, ...	9	3	12
Died, ...	3	5	8
	44	42	86

“Of the cases under treatment during the past year, fifty-nine were recent, or of a less duration before admission than twelve months.—Thirty-six of these have been discharged restored.”

13. *Butler Hospital.*—“According to the usual custom (says Dr. Ray,) I present the following numerical statement of our results during the past year, being the fifth of the existence of the institution.”

	Males.	Females.	Total.
Remaining Dec. 31, 1851,.....	61	66	127
Admitted during 1852,.....	39	62	101
	100	128	228
Discharged Recovered,.....			30
“ Improved,.....			36
“ Unimproved,.....			5
Died,.....			15
	36	50	86
Remaining, ...	64	78	142

Dr. Ray occupies 16 pages of his report in reviewing the causes tending to increase insanity. The great mental activity of the age expended in the ordinary business of life, in the arts, in manufactures, machinery, in following up various *isms* and *ologies*, the disposition to exaggeration in intellectual manifestations, the individual interest and excitement necessarily connected with our form of government; all, he seems to think, are hastening to evil,

“The most discouraging feature of which is that it seems to be beyond the reach of any practical remedy.”

We scarcely share in the despondency here foreshadowed. Although we live in “spirit rapping times,” and in the days of “California Gold,” yet we are old enough to remember having lived *out* the popularity of many most pernicious doctrines in morals, education and legislation, and can even see the dawn of a better day, as to some opinions on the subject of insanity. We therefore hope, but it is not without some “fear and trembling.”

14. *The Stockton Hospital, Cal.*, has been in operation two years. Within the past year provision has been made for the reception of insane patients. This branch was opened May 14, 1852.

It is cheering to find in our rapidly extending country, that the cause of humanity is never forgotten; but about

two years has elapsed since the admission of California as a State, and it has a hospital for the insane!

From the report of Dr. Robert K. Reid, Resident Physician, we have the following :

"Admitted from May 14, 1852, to December 31, 1852, 113 males, 11 females. Discharged 58 males, 4 females.

"In the table of causes nothing new appears. Of the 124 patients, 63 were Americans, representing twenty-five States of the Union, and of which New York and Virginia had the largest number, and 61 foreigners, from fourteen countries, and of these England and France were the largest contributors.

As to occupations, although these were extremely various, still miners exceeded largely any other, 30 belonging to that class.

	Males.	Females.	Total.
The married were,.....	27	5	32
The widowed,.....	14	3	17
Unmarried,.....	72	3	75
			124

15. *The Missouri Hospital* was opened for the reception of patients, May, 1852*. The present report bears date of November, 1852, up to which period 70 (36 males and 34 females) were admitted. Of these there had been discharged 8.

The report contains 62 pages. The By-Laws correspond with the opinions of the Association of Medical Superintendents, as expressed in their proceedings, and in the 26 Resolutions of this body passed in 1851, all of which Dr. Smith has printed in his report.

16. *Hartford Retreat*.—Dr. John S. Butler, the Superintendent, after a severe illness of some months, is now abroad, as we trust, recruiting his energies by travel; the present report is therefore made by Dr. E. K. Hunt, the acting medical Superintendent.

* For description of building, heating apparatus, water supply, &c. See Jour. Insanity, Oct. 1852.

The admissions and discharges have been as follows :

	Males.	Females.	Total.
Remaining,.....	88	93	181
Admitted,.....	66	74	140
	—	—	—
	154	167	321
Discharged recovered,.....	32	32	64
Much improved,.....	10	11	21
Improved,.....	8	11	19
Not improved,.....	13	13	26
Died,.....	11	10	21
	—	—	—
	74	77	151
	—	—	—
Remaining,.....	80	90	170

The following will excite surprise among our English readers :

"In the history of the Retreat no legislation has ever been had, relative to the admission and discharge of patients. The security of the public demands, as it seems to me, that some simple and readily accessible means of a careful investigation of each case, by some independent and impartial individual or tribunal, should be provided by legislation, and its requirements in all cases complied with."

17. *Boston Lunatic Asylum*.—There were remaining in the Hospital :—

	Males.	Females.	Total.
December 1, 1851,.....	100	141	241
Admitted during the year,.....	41	11	52
	—	—	—
	141	152	293
Discharged Recovered,.....	17	5	22
" Improved,.....	2	1	3
" Not Improved,.....	1	1	2
Died,.....	14	8	22
	—	—	—
	34	15	49
	—	—	—
Remaining,.....	107	137	244

"The assigned causes of the disease, are nearly the same as in former years, none of the high pressure "isms" of the day, acting with much force upon the class that seeks a refuge here."

It will be recollected that the Boston Lunatic Hospital is altogether a pauper institution. Its previous crowded

condition rendered it absolutely necessary to diminish the number of admissions during the current year.

Clement A. Walker, M. D. is now the Superintendent.

18. *Western Lunatic Asylum*.—Dr. Stribling, the Physician and Superintendent gives a tabular statement of the patients remaining in the Asylum, with separate columns for age, sex, civil condition, apparent form of disease, its supposed cause, duration, when admitted, time spent in the Asylum, present condition and prospect.

Although the list ends with 1,144, No. 1 a male is still remaining, after a residence of nearly 24 years, unimproved. So also No. 3, a female, aged 55. The number, at the beginning of the year, was

	Males.	Females.	Total.
	179	133	312
Admitted during the year, ...	79	47	126
	258	180	438
Discharged Recovered, ...	27	24	51
“ Much Improved, ...	4	2	6
“ Improved, ...	1	3	4
“ Unimproved, ...	—	1	1
Eloped, ...	2	—	2
Died, ...	23	12	35
	57	42	99
Remaining, ...	201	138	339

The *average* annual number of patients from 1828 to 1852, has been 153.12.; the same annual average of deaths has been 9.84, being a per-centage of deaths 6.42.

The farm, dairy and garden are profitably and most usefully cultivated by the patients.

The following should be impressed on the friends (medical as well as others) of patients.

“ A class, from among whom we have had to deplore the arrival here during the present year of not less than six or eight, and who have contributed much to swell our list of mortality, is composed of those who, whatever the duration of their insanity, are so prostrate from physical

disease, as not only to render the exercise of travel unsafe, nay, almost certainly fatal; but whose wants are such as to make home, with the kind attentions and sympathies of the domestic circle, much more efficient and desirable than any substitute to be found in a public institution."

19. *Lunatic Asylum, Virginia*.—Dr. Galt had previously presented his usual Annual Report to the Legislature, but as an adjourned session was to be held, and some action was taken as to reports generally from the public institutions of this State, it was thought advisable (as we understand it) to make the present representation. We also infer that hereafter reports are to be made every two years.

The number of patients in the Eastern Lunatic Asylum for the year ending Oct. 1, 1852, is thus stated

	Males.	Females.	Total.
Remaining, Oct. 1, 1851,.....	113	80	193
Received since,.....	33	21	54
	146	101	247
Discharged,.....	9	11	20
Deaths,.....	12	4	16
	21	15	36
Remaining,.....	125	86	211

The deaths have been chiefly among the old incurable cases, and are owing principally to a very great tendency to diseases of the bowels.

20. *Ohio Lunatic Asylum*.—Dr. Elijah Kendrick is the present Medical Superintendent. He succeeded Dr. S. Hanbury Smith, who was removed. He entered on his duties, July 1, 1852.

The following are the important statistics :

	Males.	Females.	Total.
Remaining Nov. 15, 1851,.....	150	151	301
Received during the year,.....	149	126	275
	299	277	576

	Males.	Fem.	Total.
Discharged recovered,.....	70	71	141
“ Improved,.....	27	31	58
“ Unimproved,.....	35	24	59
Died,.....	37	21	58
	169	147	316
Remaining,.....	130	130	260

One new thing has been introduced by Dr. Kendrick; the practice of burying the dead with the usual ceremonies, and attended by the patients. The influence of such services on the minds of the sick and insane remains to be shown.

21. *The Maryland Hospital.*—Dr. Fonerden, in his brief report, makes the following statement :

	Males.	Females.	Total.
Remaining Jan. 1st, 1852,.....	63	67	130
Admitted during the year,.....	26	8	34
	89	75	164

Discharged :

Recovered,.....	5	5	10
Improved,.....	2	1	3
Unimproved,.....	10	5	15
Died,.....	4	2	6
	21	13	34
Remaining,.....	68	62	130

The State and individuals acting under its authority, are making every effort to erect a new State Asylum, a brief notice of which is given in our previous pages, and we can only hope that it will be eminently successful.

22. *Provincial Lunatic Asylum of New-Brunswick.*—The Commissioners report the completion of various improvements and the projection of others. Dr. Waddell has been permanently appointed Medical Superintendent. The subject of warming and ventilating the buildings engages the earnest attention of the authorities, and they

are procuring plans and descriptions of the most effective apparatus in use.

There remained at the end of the year.....	99
Received during 1852	88

187

Of these, there have been discharged

Recovered,.....	30
Much Improved,.....	5
Improved,.....	3
Unimproved, ...	1
Died,.....	16

55

Remaining,.....	132
-----------------	-----

Of the whole number, more than half were incurable cases, which accounts for the less per centage of cures, the high ratio of mortality, and the number remaining. Indeed, many are chronic cases, which have been committed from time to time for safe keeping, and the usual attentions of Lunatic Asylums.

Dr. Waddell mentions, with emotions of gratitude, that during upwards of the three years that he has charge of the institution, no suicide has occurred.

In the Appendix, several extracts are given from standard writings, such as observations on Moral Insanity, extracted from Prichard; Dr. Ray, on the feeling of the partially restored moral lunatic after leaving an asylum; and a description of some of the benefits accomplished by asylums for the insane.

23. *The Provincial Lunatic Asylum, at Toronto.*—The Superintendent and Physician, John Scott, M. D., makes the following report for the year ending November 1, 1852.

	Males.	Females.	Total.
Remaining Nov. 4th, 1851,.....	136	131	267
Admitted during the year,.....	82	67	149
	218	198	416

Being an increase of 92 on the number given in the report for 1851.

The discharges are

Recovered (or nearly 45 per cent on the admissions).....	67
Improved,.....	6
Not improved,.....	3
Eloped,.....	4
Died, (6½ per cent on the whole number).....	28

108

Remaining,..... 308

More by 43 than at the same date in 1851.

“It thus appears that the admissions continue steadily to increase, and that there is a corresponding accession to the number remaining on hand, of whom the great majority will never be removed but by death, as they are persons in indigent circumstances whose insanity had existed so long prior to admission, as to shut out all hope of their restoration to reason.”

Among the deficiencies mentioned by Dr. Scott, is that of an infirmary for the care of the sick. This is undoubtedly of great importance and hitherto has not as a general thing been duly considered in the construction of lunatic hospitals.

Twentieth Annual Report of the Trustees of the State Lunatic Hospital, at Worcester, December, 1852. Boston, Mass., 1853.—From the Superintendent's report to the Board of Trustees, we gather the following statistics:

	Males.	Females.	Total.
Remaining December 1, 1851,.....	242	224	466
Admitted during the year,.....	148	161	309
	390	385	775
Discharged Recovered,.....	55	48	103
“ Improved,.....	16	18	34
“ Incurable,.....	35	26	61
Died,.....	20	25	45
	126	117	243
Remaining. Nov. 30th, 1852.....	264	268	532

Dr. Chandler's report contains sixteen very concisely arranged tables, embodying very many important statistics, both in relation to his own institution, and the subject of insanity generally.

In support of Dr. Bell's urgent appeal for more extended provision for the insane in the State of Massachusetts, we make the following extract in regard to the overcrowded state of the Asylum at Worcester :

"When our number had risen up to five hundred and fifty-two patients, your Board was compelled, by the extreme necessity of the case, "in order to afford suitable accommodation for the remainder of them," to remove to houses of correction of their respective counties, about thirty of the violent insane. It was with great reluctance that such a step was advised. But a crowded hospital for the insane—especially the violent insane—is extremely difficult to manage, and liable to accidents even under the most vigilant supervision. As we have had an average during the whole year of about one hundred and twenty-five patients more than single rooms for them, we have been obliged of course to place two beds in several of our small dormitories. We have no associated dormitories, except the infirmaries, which have been crowded as sleeping rooms for the more quiet class."

The continued good health of the inmates of the institution, their freedom from the usual diseases of Summer, their almost perfect immunity from all prevailing epidemics, and acute diseases during the whole of the past year, has been particularly fortunate. For in its overcrowded state, having, as the Trustees report, been compelled to open its doors for the admission of one hundred and twenty-five patients more than it has accommodations for; the mortality attending the breaking out of any of those diseases to which large institutions are so frequently liable, might have been very great. But it is a source of gratification to know, that a new institution will be soon opened in that State, affording at least temporary relief, to the asylum at Worcester; and to which it is to be hoped many of these poor unfortunates may return to enjoy the comforts of an asylum, from the houses "of correction and jails" into which the exigencies of the case have forced them.

Appended to this report, is the usual table of mete-

rological observations, very comprehensively and well arranged ; and also a table showing the "flowering season" of the various trees, shrubs, and plants on the Hospital Hill for fourteen years past.

Upon the following page will be found a general summary compiled from the tabular statistics of the twenty-four Asylums, from which we have received Reports. By this table which is as full as the incompleteness of some of the statistics will allow, it will be seen that during the last fiscal year of these various institutions, there have been admitted 3,634, discharged 3,008, remaining 5,097. Three of these institutions, the Illinois State Hospital, the Stockton Hospital, Cal., and the Missouri Hospital, are new and recently opened for the admission of patients. The urgent necessity of their erection is manifest from the fact, that they have already received 332 patients, of whom 125 have been discharged, leaving 206 still under treatment. There are beside these, ten or twelve other Asylums from which we have received no Reports ; the most of these are small, however, but would together make the number of those under treatment, about 6,000—just *one-fourth* of the number of the insane in the United States, according to the census of 1850.

GENERAL SUMMARY
OF THE TABULAR STATISTICS OF AMERICAN ASYLUMS FOR THE INSANE,
(Compiled from the preceding Reports.)

INSTITUTIONS.	Admissions.		Discharges.		Present No.		Recovered.		Improved.		Unimp'd.		Died.	
	Mls.	Fem.	Tot'l.	Mls.	Fem.	Tot'l.	Mls.	Fem.	Tot'l.	Mls.	Fem.	Tot'l.	Ml.	Fe.
Mass. State Lunatic Hospital...	148	161	309	126	117	243	264	268	532	55	48	103	34	20
New Jersey State Asylum....	60	61	121	54	56	110	91	91	182	19	26	45	1	11
M'Lean Asylum.....			145	71	64	135			201	37	35	72	17	15
Penn. State Lun. Hospital, ...	65	53	118	29	19	48	60	47	107	6	11	17	14	11
Penn. Hospital for Insane....			197			198	115	100	215			13	16	7
Friends' Asylum, ...	16	12	28			24			56			99	54	17
N. Y. S. Lunatic Asylum, ...	200	190	390	205	195	400	215	210	425	72	64	156	23	22
Bloomington Asylum, ...	56	48	104	58	49	107	52	67	119	25	23	48	10	13
Blackwell's Island Asylum....	241	254	495	178	177	355	226	301	527			248	89	70
Vermont Asylum, ...	79	82	161			145			351			78	20	16
Illinois State Hospital, ...	73	65	138	26	30	56	43	39	82	18	16	34	3	7
New Hampshire Asylum, ...	68	64	132	57	40	97	70	73	143	41	22	63	5	10
Mount Hope Institution, ...	41	42	83	44	42	86	33	62	95	19	23	42	13	11
Butler Hospital, ...	39	62	101	36	50	86	64	78	142			30	24	9
Stockton Hospital, Cal., ...	113	11	124	58	4	62	55	7	62			36	5	15
Missouri Hospital, ...	36	34	70	2	6	8	34	28	62	2	2	4	3	9
Hartford Retreat, ...	66	74	140	74	77	151	80	90	170	32	32	64	18	22
Boston Lunatic Asylum, ...	41	11	52	34	15	49	107	137	244	17	5	22	2	1
Western Asylum, Va., ...	79	47	126	57	42	99	201	138	339	27	24	51	5	10
Eastern Asylum, Va., ...	33	21	54	21	15	36	125	86	211				1	3
Ohio Lunatic Asylum, ...	149	126	275	169	147	316	130	130	260	70	71	141	27	31
Maryland Hospital, ...										5	5	10	3	10
Provincial Asylum, (N. B.), ...	26	8	34	21	13	34	68	62	130			30	8	15
Provincial Asylum, Toronto, ...	82	67	149			108			310			67	1	7
			3634			3008			5097					394

ARTICLE VI.

LAW CASES BEARING ON THE QUESTION OF INSANITY.

Having an opportunity of examining many of our Law Reports and Periodicals, it has occurred to us that brief abstracts of cases, may be of use to at least a portion of our readers.

Supreme Court of the State of New York.—*De Witt vs. Barley.*—This was an action of ejectment tried at the Ulster Circuit before Justice Harris, in May, 1851. The plaintiff claimed, by virtue of a devise in the will of his father, Henry De Witt, executed May 2, 1837. The testator died May 5, 1850. The defendants claimed under a deed from Henry De Witt to John H. DeWitt, dated June 18, 1849. The plaintiff attempted to show that at the time the deed was made to John H. De Witt, Henry De Witt had so far failed in intellect as to be incapable of transacting business, and that the deed was produced by undue influence.

In the course of the trial, the plaintiff was permitted in several instances to take the opinion of a witness as to the grantor's capacity, founded upon facts within his personal knowledge, and disclosed by him on the trial. The defendant's counsel excepted to the reception of such evidence.

The Court, by Judge Parker, made a decision as follows: "Upon a question as to the mental capacity of the grantors in a deed, the opinion of a witness founded upon facts within his personal knowledge, and disclosed by him upon the trial, is competent evidence."

The Court sustained the recent opinion of Judge Willard in *Culver vs. Haslam*. "On a question of mental capacity, the opinion of an acquaintance, *not a medical man*, as to the condition of the grantor's mind, is competent when connected with facts and circumstances within his knowledge, and disclosed by him in his testimony as the foundation of his opinion; though the Court very properly said that the force and value of the opinion would depend on the general intelligence of the witness, the grounds on which it was based, the opportunities he had had for accurate and full observation, and his entire freedom from interest and bias."—*Monthly Law Reporter*, (Boston) *May*, 1853.

State of Mississippi.—*Ward vs. Dulaney*. 23 Mississippi Reports.—The case is thus stated: "Eccentricities in the conduct of one of the contracting parties (the female) adduced as a ground for declaring the marriage void. The marriage sustained. In other words, the question was, "Was Mrs. Loomis sane on the eighth of June, 1826, the date of the alleged marriage? She died in 1836.

On the trial, the Chancellor dismissed the bill. This was an appeal from that decision. It appears that a large number of witnesses were examined on each side, and certainly, as it seems to us, some *eccentricities* were proved by her nephew, who had been brought up by her and regarded her as a parent. On the other hand, the following summary of the defendant's testimony is thus given by Judge Yerger. 1. Up to the period of the marriage and afterwards, Mrs. Dulaney was in the habit of social intercourse among a large circle of friends, in the course of which, she demeaned herself with elegance and propriety and conversed sensibly, freely and familiarly, upon all the topics that presented themselves, without

evinced any trace of insanity. 2. She attended to her own extensive business without assistance or interference of any one, displaying in the whole of it, capacity, tact and shrewdness. 3. She was appointed guardian to Mitchell, (the nephew previously spoken of) in 1822, and acted as such, without objection, up to her marriage. 4. Before and after her marriage, she "kept house," and displayed in the management of domestic affairs as much skill, prudence and capacity as any lady in the community.

The decree, dismissing the bill, was affirmed.

State of Maryland.—Townshend *vs.* Townshend. 9 Gill's Reports.—The principal issue in this case, was whether one John Townshend deceased, was at the time of signing his will, of sound mind and capable of making it.

We confine ourselves to the testimony concerning this on each side. It was proved by those attempting to break the will, on the testimony of numerous competent witnesses, who had known him during his life, some for thirty years, that he at his decease, was a very aged man; that he had been accustomed for years to speak of himself as a spiritualized man, saying he was not in the flesh, but had died and had risen from the dead, and was to live five hundred years; that he represented that there was at all times one person on earth who was peculiar and unlike all other persons, and that he was such peculiar person then living on the earth, and that he stated that he had frequent personal interviews and conversations with GOD ALMIGHTY, and was accustomed to receive immediately from God, directions, instructions and commands, in relation to what he should do, and what he should not do.

As specifications of this last charge, it was proved that he had stated that many years ago, he had engaged

himself to be married, that as he was returning home, God spoke to him and instructed him to return to her father's, and insist, that if on trial, the betrothed did not suit him, he should have the right to return her—that God instructed him to put away his cats and dogs, and on doing so, protected him from the annoyance of rats—that he had been present at the judgment of men, and had seen the different sects brought up in order, that God, when he pressed forward, ordered him to go back among the Methodists, with various other outrageous details on this subject. We do not care to mention the blasphemies cited in the other specifications, and will only add that it was proved, that Townshend stated that God had repeatedly commanded him to set all his negroes free and give them all his property—that of the will now in dispute, he had said, it was not his own will, but God's will, &c.

On the opposite side, it was proved by competent witnesses, that John Townshend was of sound and disposing mind, and capable of making a valid deed or contract, and of managing and disposing of his property. These witnesses had known him for many years, one of them having been for a long time his family physician, and the others having been his near neighbors, from early youth they had frequently conversed with him and had heard him converse with others. These witnesses deposed that Townshend devoted much time to reading the Scriptures, and thought himself deeply versed therein, and was fond of exhibiting his knowledge of religious subjects, and of disputing on such subjects with any who would engage in controversy with him. That his opinions as expressed by him at different times, were *entirely different*, and in the opinion of the witnesses, were not seriously entertained by him, but were professed upon the

occasion, for the purpose of disputation, or to excite attention and astonishment, and they testified that his religious professions did not affect his conduct in matters of business, and they expressed the opinion that he was of sound and disposing mind and capable of making a will.

The decision of the jury was in favor of the will, and on appeal, this was sustained.—*United States Monthly Law Magazine, June 1853.*

With all due humility, we ask this question: if whether John Townshend had killed a person, his *sanity*, would with the above testimony, have ever been acknowledged? Certainly not. And here, as we have elsewhere remarked, there is a remarkable distinction taken between civil and criminal cases in this respect. Still the decision is usually with juries, and of course we can only anticipate a continuance of the diversity.

There is, however, one point in the biography of Townshend which, in a measure, reconciles us to the verdict. His insanity appears to have been *all talk*, and *no action*. Even his negroes he does not appear to have emancipated.—*Editor.*

Criminal Lunatics.—Lord St. Leonard, (late Sir Edward Sugden,) in introducing various bills before the House of Lords, in February last, made certain statements, which we have put in *Italics*, to attract in an especial matter, the attention of our readers. The following is the report from the London Times:

Lunacy Bills.—Lord St. Leonard said, that the next bill which he should lay on their lordships' table was one of three relating to lunatics—respecting which he begged to say, that no measure had ever been prepared with greater care and caution. The great object of this bill was to regulate the proceedings of the court with reference to the propriety of lunatics under it. As he had stated to their lordships on a former occasion, the effect of the bill if passed into a law, would be to lessen the expense of the inquiry into such cases, to prevent the unnecessary summoning of juries, to prevent unnecessary references from the Lord Chancellor to the Masters in Lunacy, to prevent the unne-

cessary attendance of next of kin, which was often attended with great expense, and to introduce, for the first time, chambers practice on the part of the Lord Chancellor with reference to lunatics. It would be a great saving of expense, and he therefore felt quite sure that whoever held the great seal would be very willing to sacrifice some short time in order to promote the object which this bill had in view. The measure had been prepared with great care, and he believed that very few cases could arise for which it would not provide. The second bill with reference to lunacy contemplated the consolidation of all the laws relating to lunatic asylums, and was a measure which he thought their lordships and the country generally would approve. The third bill connected with lunacy provided for the care and treatment of lunatics. It was an amendment of the act commonly designated Lord Shaftesbury's act, which appointed commissioners for the visiting of lunatic asylums, and it contained a considerable number of provisions which he believed would be found to be an improvement upon the original act. Like Lord Shaftesbury's bill, it did not touch criminal lunatics. He understood that it was the intention of the present government to introduce some separate measure with respect to criminal lunatics. At all events, if that were not their intention, he hoped that they would speedily direct their attention to that subject. It was certainly one which required to be treated by itself.

It was supposed that one-tenth or one-eleventh of the criminal lunatics confined in this country were at this moment perfectly sane, and always had been sane; but that they had assumed lunacy in order to escape the punishment of the crimes which they had committed. If he could make his voice heard, he would pray persons not to fancy that they escaped punishment by affecting insanity. He had seen instances which would make men tremble if they thought of adopting that course.

He remembered the case of two men in two of the county asylums of Ireland, who had been guilty of the crime of murder, one of them under very atrocious circumstances. They were both perfectly sane; and the agony which they experienced in passing year after year in a perfect state of sanity, surrounded by, and treated as lunatics, was greater than any amount of punishment that could have been inflicted upon them. Under the present system no attempt was made to cure criminal lunatics, but he thought it unquestionable that some steps should be taken in that direction, for it by no means followed that because a man had committed a crime no attempt should be made to restore him to reason. The hospital of Bethlehem had hitherto been excluded from the operation of the general act, but he trusted that this would not long continue to be the case. (Hear, hear.) In consequence of the reports of the Commissioners in Lunacy and of subsequent inquiries, the governors of that hospital had themselves, with great propriety, altered their own system. They had appointed a resident physician, and had determined to appoint, if they had not already appointed, another resident apothecary. (Hear, hear.)

The Lunacy Bills were then severally read a first time.

S U M M A R Y .

Michigan State Hospital for the Insane.—The State of Michigan is now about establishing an institution for this unfortunate class of its citizens. In 1850, pursuant to a previous Act, the Legislature appointed a Board of Trustees for the location and erection of Asylums for the Insane and for the Deaf, Dumb and Blind. In 1851 the Board reported to the Legislature that they had ascertained the number and wants as far as possible of these several classes, and recommended the establishment of institutions for their care. They found in the State between three and four hundred insane persons, some of whom were with their friends, but the greater number confined in county houses and jails.—The wants of this class being of pressing necessity, particular attention was paid to the obtaining of information on the organization and construction of asylums, for which purpose a number of institutions were visited by one of the Board, and communication had with several Superintendents. As the result of their labors they recommend the immediate erection of an institution capable of accommodating 200 patients, to have attached not less than 160 acres of land, located near some town or village, built substantially and upon “the general plan of the most perfect building in the country,” to be warmed by steam or hot water apparatus, and ventilated upon the most improved modern plan.

Sixteen thousand acres of land had been appropriated for such institutions. This the Board considered “totally inadequate,” and recommended an additional appropriation of forty thousand dollars, “\$10,000 to be included in tax of 1851, \$10,000 in that of 1852. and \$20,000 in the tax of 1853.”

We learn, that since this report was made, an Act has been passed by the Legislature, (Feb’y 14, 1853,) appropriating \$23,000 to the Asylum Fund, of which \$10,000 is to be used during 1853, and the same amount during 1854, in the construction of buildings for the Insane, and the remaining \$3,000 for the Dumb and Blind, in addition to \$5,000 formerly

appropriated. One Board of Trustees, elected by the Legislature, in joint connection, and holding office for four years, have in charge all these asylums. The present Board consists of Sheldon McKnight, (Pres't,) Israel Kellogg, James B. Walker, John Barber and Bela Hubbard, (Sec'y.) It is gratifying to perceive that every step thus far taken has been in accordance with the views of the Association of Medical Superintendents of Institutions for the Insane, as expressed in the twenty-six propositions on the construction of Hospitals. This encourages the hope that the Board will carry out the enlightened course thus far pursued, in all its details, the most important of which doubtless is the early appointment of a medical head, qualified by actual experience in the care of the Insane, and the management of Insane Hospitals, whose skill and experience shall aid in the selection of the site, and plans for the building, and who shall superintend its construction.

Second Annual Report of the New York State Asylum for Idiots, made to the Legislature Feb. 10, 1853.—The report of the Superintendent, Dr. Hervey B. Wilbur, is highly interesting. The first year in the history of the Asylum has passed, and with very satisfactory results. The number of pupils has nearly doubled; every judicial district is fully represented, and the whole number allowed by law, have for some three months, been in constant attendance.

Three persons only of those received during the year, have been sent away, after a residence of some time at the Asylum, and a fair trial. One was consumptive, and died but a few weeks after leaving. Another was a marked case of hereditary insanity, while the third was afflicted with chorea, that rendered him entirely unfit for instruction and discipline.

The necessity of increasing the appropriation for this excellent institution, and the propriety of affording means for purchasing a site and erecting appropriate buildings, are ably dwelt upon and explained by the managers and Dr. Wilbur. We rejoice that the application has been successful, and that the sum of twenty thousand dollars has been set apart for these purposes, with directions that sixty-four pupils be received at the expense of the State.

Goitre and Cretinism.—M. Chatin has communicated the following curious fact to the Academy of Sciences.

Fully and Saillon are two contiguous villages, situated in the middle of the vineyards, which extend along the right bank of the Rhine. All the population of Fully have goitre, and a great number are cretins. Saillon, on the other hand, is noted for the health of its inhabitants, goitre

is rare and there are no cretins. The contrast is remarkable, since the villages are in every respect alike as to altitude, exposure and air.

During the last few years, however, Saillon is losing its reputation. Goitre and cretinism are rapidly on the increase. According to the observations of M. Moulin, President of Saillon, this dates from the period when the Commune turned the water designed for the village, from the lower part of the stream Salente, to the place where this falls in cascade from the glaciers of the mountain. Between these two sources there flows a thermal spring, which also throws itself into the water, and forms one sixtieth part of the mass.

According to the analysis of M. Chatin, it appears :

1. That the water first noticed as turned into the general mass and which comes from above the warm spring, is destitute of iodine. This is also the condition of the water used at Fully, and indeed in most of the villages of the Valais.

2. That the water formerly used, taken from the cascade or torrent, has more of iodine in it than the water drunk at Paris.

3. That the waters of the thermal spring are highly iodized, containing at least one sixteenth more of iodine than the waters of Paris, and also of that of many countries in which goitre is unknown.

The inferences from these facts seem to prove :

1. The existence and nature of a local cause for goitre and cretinism.

2. The possibility of introducing iodized mineral waters as a prophylactic of these diseases in the alimentary regimen, not only of men, but also of animals that produce milk.—*Journal de Médecine et Chirurgie*, May, 1853.

Upon the Morbid Desire to Kill, by Don Raimundo D. Y. Correa.—(We select the following for several reasons—because it is by a Spaniard, and because it seems to us as bringing prominently forward several points in aid of the settlement (if ever it shall be settled) of this terrible question. Witness a late case, where the jury acquitted a seduced female of the crime of murder, on the score of insanity, and the next moment the judge gave her a free discharge, because he could see no proof of insanity. The article itself purports to be taken from the *Gac. De Madrid*, and may be found in the Medical Times and Gazette of January 29, 1853, and we can hardly gather from it what portion of it belongs to the author or to the translator.)

The author commences with a eulogy on Esquirol's work on Homicidal Monomania, 1837, and quotes examples from Pinel, Marc, Gall and Mende. These show the existence of a partial delirium, whether

in the form of a fixed idea or an excited sensibility, extravagance in the passions, or error in judgment. In every instance there has been disturbance of the mind, and hence the words addressed by an advocate to Dr. Marc, upon the occasion of a trial of simple barbarity. "If monomania be a disease, its cure is upon the scaffold." The following bit of legal blood-thirstiness also merits being handed to posterity: "Your so called homicidal monomania is an hypothesis, a modern and convenient invention to shield the guilty, and to withdraw them from the power of the law."

The author proceeds to say, that from the works of Magendie and other physiologists, he can prove that there are certain powers in man, which drive him in a definite direction, without his possessing a will sufficiently strong to offer opposition. These powers, which can be reduced to four, reside in the corpora striata, the cerebellum, the crura cerebri and the medulla oblongata. Injuries to these parts in animals, cause different involuntary movements, and the author concludes therefrom that there are in man different impulses stronger than the will. Governed by these impulses, the homicidal maniac commits his crime.

A man who commits murder upon a false idea, with powerful impulse, should be considered as suffering from disease in the same part of the brain. Now we can not see the application of Magendie or Flourens' experiments to the elucidation of psychical disturbance, nor comprehend why, upon division of the crura cerebri, the injured and dizzy animal rolls over and over. We have before complained with justice of the gross ignorance of morbid anatomy displayed by the generality of "mental physicians" in all countries, and we think it hard to refute statements made upon no foundation whatever. The examination of the bodies of criminal lunatics does not confirm in any one point the loose assertions of Dr. Raimundo. Neither the corpora striata nor the crura cerebri are often found in an abnormal condition; the cerebellum is for the most part, natural in structure; the medulla oblongata unaltered, except that the membranes covering it become thickened, when other parts of the encephalic coverings have undergone a similar change. We have no ground whatever for asserting that these parts are essentially the seat of morbid actions during life. The cause of insanity is to be sought for in a source deeper than that supposed by those philosophers of a somewhat materialistic school. The author endeavors for judicial purposes to found a differential diagnosis between the maniac and the responsible culprit, both of whom have committed murder.

HOMICIDAL MONOMANIA.

The person is one of weak constitution, of nervous excitable temperament, irreproachable character, working in business for the immediate necessities of life.

The monomaniac is alone.

The maniac kills without interest or passion, without motive, making that man an offering who may be unfortunate enough to meet him.

The maniac disdains to fly, and often gives himself up to justice; he often details the particulars of his act, and seeks punishment more than pardon.

CRIMINAL MURDER.

The criminals are mostly persons of strong constitution, sanguineous or choleric temperament, bad education, given to idle courses, and occupied in immoral pursuits.

The criminal is rarely alone; has usually accomplices to share the booty.

The criminal has a motive; has some passion to gratify, and selects his object accordingly.

The criminal withdraws from observation; tries to mislead the judge; to cast suspicion on others, and to do his best to avoid punishment.

We doubt if these aphorisms will stand their ground as unerring tests in this difficult question. The records of the criminal department of Bethlem Hospital would point to many an inmate imprisoned for murder, whose constitution was good and frame powerful and muscular. Many a criminal has had sufficient nerve to take life alone, unassisted by others; even the last who forfeited his life in the Metropolis fell under this class. Should we be justified in asserting that he was mad, because he was *alone* in his wife's chamber when he cut her throat?

Again, the maniac mostly takes life, not by chance or hazard, but in obedience to a fixed, though erroneous idea, sometimes in sudden passion. Who can at all times either discover or appreciate motives? Jealousy, hatred, or revenge, carefully guarded from public notice, would, but for the Law, impel many a ruffian to gratify his passion at the cost of another's life.

The maniac does not always disdain to fly, and can even argue cleverly in his own defence. But what can be said of that class of offenders whose lowly-organized and ill-directed minds are equally under the influence of both fear and evil passions? Place them under restraint, they behave respectfully and with decency, give them liberty and passion soon regains the mastery. Can any aphorisms comprehend the anomalies of this class? We believe not. Each case must be determined by circumstances elicited at the trial, and by the opinions of those in whom the responsibility of the judgment rests.

Predisposing Causes of Idiotism and Imbecility.—Dr. Moreau, of Tours, (See Vol. 9, P. 78,) read a Memoir on the above before the Academy of Medicine at Paris. The following are extracts from it.

Hereditary causes are the true origin of idiotism. They originate those vices or imperfections of organization, that are incompatible with

the regular exercise of the intellectual functions. Dr. Moreau's researches extended to 56 cases, and the relatives of these 56, presented the enormous cipher of 132 pathological conditions, to which the hereditary influence could be referred. Mania, in the form denominated *lypmania* is the most common hereditary source of idiotism. To these, succeed drunkenness, epilepsy, hysteria. In the collateral lines, we find, in the order of frequency, convulsions, idiotism, scrofula, apoplexy.

The hereditary influence extends equally on the father and mother's side. It is more frequent from grandfather than grandmother. It is transmitted more commonly by the male than the female, in the proportion of 53 to 37. Dr. Moreau presents the following results.

1. Idiotism is produced by hereditary causes, in absolutely the same manner, as insanity, epilepsy, hysteria, and other nervous diseases are.

2. All our therapeutical efforts should be directed to a modification of the nervous system, as opposite as possible from the conditions that have originated the affection. Without undervaluing the value of education, and which he calls a species of intellectual gymnastics, Dr. Moreau is of opinion, that above all, we should endeavor to renew (*repair*) the moral, by modifying its organic state. Thus, changing, by a species of renovation, the vicious tendencies which the hereditary predispositions have produced.—*Bulletin De L'Academie Nationale De Paris*, October 26, 1852.

Lunatic Asylum, Blackwell's Island.—The overcrowded state of this institution, having 170 more patients than the building affords accommodations for, has compelled the Governors of the Alms House, to pass a resolution refusing admission hereafter to emigrant lunatics, and requiring the Commissioners of Emigration to remove all the inmates, 175 in number, who are chargeable to them.

Dr. Winslow's Journal of Psychological Medicine and Mental Pathology.—We have received through Dr. Butler, of the Hartford Retreat, who has recently returned from a visit to Europe, a complete set of this Journal, with an engraved portrait of its distinguished Editor, We have sent in return an entire set of the American Journal of Insanity.

We have received an obituary notice of the late Dr. FRANCIS BULLOCK, Resident Physician of the Kings County Asylum for the Insane, too late, however, for the present number.

AMERICAN JOURNAL OF INSANITY. FOR JANUARY, 1854.

ARTICLE I.

ON HALLUCINATIONS.*

[We have received a copy of this work from the author, and have read it with much interest. We cannot, however, give our opinion upon its merits more satisfactorily than by copying entire the review, by Dr. Forbes Winslow, in the Psychological Journal for April, 1853. The work has already been translated and published in this country.—*Ed.*]

We did not open this voluminous treatise of Monsieur de Boismont without being fully prepared for much learning and research ; not, however, without a certain degree of wonder, that even an able physician could find in these illusions of the sense or senses, which have usually been deemed concomitants or even mere symptoms of deeper maladies, matter enough for more than 700 pages ! and not without a fear, also, that we must inevitably be crossed by cases and records which to us, or by us have been already ten times repeated.

* "Des Hallucinations ; ou, Histoire Raisonnee des Apparitions, des Visions, des Songes, de l'Extase du Magnetisme et du Somnambulisme." Par A. Brierre de Boismont, Docteur en Medecine de la Faculte de Paris, &c. Seconde Edition. Paris, 1852.

Every one must confess the deep importance of the subject. There is none *more so*, as it intimately concerns the mysteries of the immortal spirit, and the health of the body, as well as the earthly happiness of mankind.

Now, however varied, and however evident and conclusive the *exciting* causes of hallucinations may be, the great question of the *proximate* cause of illusion, and of the various forms of insanity, is still *sub judice*. And we fear that, after the most protracted discussion between the spiritualist and the materialist, or the pathological psychologist and the metaphysician, the subject would still be left in *statu quo*.

The perusal of the second page forewarns us of the psychological creed of the author; and the student must be prepared to study the book with some caution, regarding the portion of abstract metaphysics, in reference to the manifestations of mind. The pure spiritualist cannot for a moment assert his creed without at once admitting the existence of *disorder* in that immortal essence of our being, which is the pure emanation of the Deity pervading all things. The abstract materialist, on the contrary, is engaged in an incessant search for *evidence* of some morbid condition or change in that organ, which is the habitat of the immortal spirit during its earthly existence. Although these are the extremes of psychological theories, they are not, however, equidistant from the truth.

We know that the Spirit of the Creator may, and does, pervade every atom of his beautiful and wondrous creation: but to make us sensible even of this sublime truth, to qualify us for perceiving, combining, and comparing our perceptions and our consequent thoughts, we possess a brain through which these processes must inevitably pass; we may hence assume that the phreno-psychologist is *nearest* the truth. *His* error often lies in the reluc-

tance to acknowledge that of which he has not evidence, as if scores of transient morbid actions, and even of minute changes, were not constantly going on in the body, of which, probably, the most accomplished histologist will never be able to demonstrate the proof.

The circulation of the blood quickens by a thought or emotion, may be restored as soon as the thought has passed from the mind, and so may also thrills, rigors, flushes, and other evidences of emotion. We do not hear pause to discuss the relative importance of nerve and blood in the causation of these phenomena; we have already fully commented on this point. No one will doubt that a certain degree of transient hallucination *may* take place in a state of bodily health and mental sanity—*so* transient as not to merit the term disorder—yet we cannot deny that every symptom which is abnormal or unnatural, may, nay must, often be the precursors of disorder. The very derivation of the terms hallucination and illusion imply this—that the one signifies a blundering or mistaking, the other the mockery of a false appearance.

We take, therefore, with some reservation this early passage in Dr. de Boismont's preface, which we suppose to be the creed or theme of his dissertation.

"The first design of this book is clearly established. We wish to protest against the hypothesis that hallucination is a constant symptom of derangement—in certain cases it may be a phenomenon purely *physiological*."

Now, we have ever taken the science of physiology as the *laws* of the animal economy. To see without an eye—to neutralize, as it were, the functions of the senses, must be to abrogate such laws, and this, being therefore abnormal, it can scarcely be considered as within the pale of physiology.

The subject of the book being therefore confessedly *false perceptions*, our own position will be at once evident.

The proposition, however, that hallucination is not necessarily a symptom of real *insanity* is quite another question, requiring, indeed, a very patient and serious discussion. We therefore leap over the preface and introduction, that we may devote all our comments to a running analysis of this learned work.

If there be any point in our science more vague and more conducive to misapprehension, it is *definition*: of this the discrepancies which Mons. de Boismont displays in his quotations from Aristotle to our own time are a proof. Yet, although these definitions, even from Arnold to Esquirol, so differ among themselves, we can by analysis trace, even in this difference, the same trains of thought which led to the conclusion—the mere terms often constituting the difference. To attempt fully to analyze and collate these discrepancies would argue, we fear, a sort of *folie raisonnée* in our own persons, especially if we endeavour to bring them together—to show why some deem hallucination merely spiritual, others as “*lésions des organes des sens* :” to try to convince of their errors, others who jumble and associate with hallucination optical and atmospheric spectra which have no reference whatever to the state of the brain or mind, being mechanical or substantial; to decide, in short, which is right: whether Esquirol, who affirms hallucination to be essentially *idiopathic*, or Calmeil, who believes it to be constantly *symptomatic*. Why, we should, after all this, assuredly become apt illustrations of the subject we are discussing.

We believe that the clearest definition of phantasma would be “illusive conception the creation of phantoms

from former impressions, and illusive perception the conversion of natural objects into phantoms." We quote from Mr. Dendy's "Philosophy of Mystery" rather to explain what Mons Boismont has rather vaguely translated into "souvenir passé, and souvenir présent." The whole tenour of that work, regarding our present subject, we may add, closely coincides with our author's later definition—"L'hallucination, la perception des signes sensibles de l'idée : et l'illusion l'appréciation faussée de sensations réelles"

Believing, then, that the spring of ideas is the memory of impression, we of course do not coincide with the doctrine of their *innate* essence. With this reservation, we recommend our author's table of classification (page 28) to the careful perusal of the psychologist. It is, of course, the basis of his treatise.

The anxiety of M. de Boismont is to establish the physiological nature of certain hallucinations: the paramount proposition in the book, therefore, is the compatibility of illusions of the mind and senses with sanity, or judgment ("la raison.") We see at once what the author means by the proposition; and he *may*, of course, be right; but the notion is one of much greater delicacy and difficulty than *primâ facie* may be evident; and we dare to say it will be widely objected to, if not controverted.

No one will hesitate, *in limine*, to concede, that hallucination may suddenly or gradually display itself in minds of the greatest energy and intellectual superiority; indeed, it is these choice spirits, especially when extreme energy or excess of work has overstrained the mental organ, that phantasy is more likely to invade, than beings of a lower intellectual capacity. It is clear, then, that hallucination is not essentially a symptom of confirmed or general insanity, as the term is conventionally understood.

But to argue that the mind, or rather its organ the brain, is at that moment in a perfectly sane or physiological condition—*i. e.*, during the paroxysm, is quite another thing. Hallucination must often at that time come under the definition of monomania: to strain somewhat John Hunter's physical axiom, psychologically, a mind cannot be sane and insane at the same moment, however, we may be disposed to coincide with our late worthy friend, Dr. Wigan, on his ingenious principle of duality.

This illusion may be transient, it may be momentary, depending, indeed, on the state of the current of the blood; but we fear we are anticipating, as we pen these lines, before we have commenced our author's first chapter, in which, ere he cites the facts, and anecdotes recorded by psychological writers, he first alludes to the distinctions and analogies of reason and insanity, between which, as indeed we have often before stated, there may be but a hair line of demarcation.

In reading further we feel more disposed to press the dissociation of spectral illusion from ocular spectra, illusions of the mind from those of the eye; this established, it might indeed render the physiological and pathological division almost needless. All must believe, with Newton, that we can create phantoms on optical principles; or, that there are illusions of the senses, mysteries in art and nature, which we cannot fully explain; these, of course, are not pathological hallucinations, but come rather under the head of natural magic than hallucination.

The state of healthy *reverie*—*i. e.*, the concentrated working of intellectual thought, is, of course, physiological; but the author has been confused with the allusions of *deuteroscopia*, or second sight. The records of Martin the historian of the Hebrides, of Walter Scott, and

others, prove at once the morbid state of mind of the seers; and this is the description of Collins, in his Ode on Highland Superstition.

“They whose sight such dreary dreams engross,
With their own vision oft astonished droop,
When, o’er the wat’ry strath or quaggy moss,
They see the gliding ghosts embodied troop.
They know what spirit brews the stormful day,
And heartless oft like moody madness, stare
To see the phantom train their secret work prepare.”

Closely allied to deuteroscopia is the fine frenzy of the poet, on which so often comes in the end despondency and madness. Indeed our author is on or close to the pathological line when he pens this sentence. Of a truth, its labyrinth is perilous to those who possess not an eye sure enough, or a foot sufficiently firm, to keep them in the right track!

Some poets and philosophers of course prove this abstraction a leading star. “For St. Jean Chrysostom, for Descartes, Malebranche, Dante, Milton, Spinoza (Shakespeare, who soared immeasurably beyond all in the æther of imagination, is omitted!) *reverie* is force, power, health, and often indeed longevity. To them solitude is a blessing.” On this principle we quote the following remarks of Meister from our author’s book. If he adopt the term *reverie*, we agree; if that of *illusion*, we differ.

“I am persuaded that devotees, lovers, prophets, *illumines*, Swedenborgians, are indebted to illusions for all the wonders of their presentiments, their visions, their prophecies, their intercourse with celestial beings, their excursions to heaven and hell,—in a word, all the extravagancies, all the superstition of their infectious reveries. But I will also fearlessly affirm that, *under just such a state* men of genius have conceived the most original beauties of their compositions, that the geometer has solved the problem which has long puzzled his brain, the metaphysician hit on the most ingenious of his theories, the poet on the line that had long escaped him, the musician the most brilliant and expressive

of his movements, the statesman developed the decisive remedy which all his previous calculations, aided by the light of experience, had failed to do, the general attained that comprehensive *coup d'œil* that decided the fate of battle and ensured him the victory."

The influence of climate and locality cannot be doubted. M. de Boismont writes—"Those who have lived in eastern climates, or who have written on their beauty, all assert their powerful influence in exalting the imagination of their inhabitants." The author proceeds to detail the contrasted habits and diet of the orientals and the western people, concluding with this sentence—"It is to this power of their imagination that we owe the wondrous oriental tales; it is that which peoples the interior of the globe with genii, magicians, and enchanted palaces." &c. &c. We might go on to argue on the proximate cause or cerebral condition which divide the physiology from the pathology of this question; but that would smack of repetition, and we content ourselves by merely offering the brief psychical explanation, that in the one case the judgment waits upon the train of thought; in the other, imagination steals the thought, and converts the workings of reason into a mere flight of fancy.

The truth is, the mind may be *generally* rational during hallucination. M. de Boismont alludes to artists, who at one sitting have so deeply impressed the brain with form and expression, that they could at will call up the eidolon of the sitter. And, among other analogous stories, he has recorded the following anecdote: "Hyacinthe Langlois, a distinguished artist of Rouen, an intimate friend of 'l'alma, told us that the great actor confessed to him, that when he was on the stage, he possessed the voluntary power to unrobe (*disparaître les vêtements de*) his elegant and numerous auditory, and to substitute for these living beings a set of skeletons."—

Something of this kind often affected Mrs. Siddons after playing Lady Macbeth. The one was voluntary, however, the other involuntary; yet we may fain ask whether the proximate cause, the condition of the brain, was not probably the same in both. The bloody head of Count D'Olivarez, the great cat case related by Wigan, the story of the illustrious patient of the Demonology, the cases of Madame A. by Brewster, of Nicolai, of Berlin, and others, of which we are almost tired of thinking, must come under the same category. The physical difference may be, that some *retain*, while others *want* the *comparing* faculty. That the influence of position and the circulation of the blood must often form a most prominent point in discussion, is at once displayed by the case which M. de Boismont quotes from Dendy's "Philosophy of Mystery" (which contains, however, still more prominent cases):—"A gentleman of high attainments was constantly haunted by a spectre when he retired to rest, which seemed to attempt his life. When he raised himself in bed, *the phantom vanished, but reappeared as he resumed the recumbent position!*"

In the second subsection, page 59, many very interesting cases are recorded; but are these cases, uninfluenced by judgment, (*non rectifiées par l'entendement*) to be considered as "*compatibles avec la raison?*" There must be derangement of intellect here. The well known case of the late Lord Londonderry is recorded. It is clear all this was pathological. His lordship (whom, with a touch of *amor patriæ*, M. de Boismont calls "*le plus acharné persécuteur de Napoleon dans son malheur*") was labouring under "*un tour melancholique aux pensées*" when the first illusion of the *radiant boy* came before him in the very chamber of the old castle in Erin; and the second apparition, in the House of Commons, there is no difficulty

in explaining by anxiety and cerebral congestion. The stories of the Baron Geramb at Cadiz, and the haunted house of Athenodorus at Athens, which are quoted from the "Philosophy of Mystery," as well as all other specimens of the Poltergeist especially, cannot be termed illusions any more than the tricks at Woodstock, the Cocklane and Stockwell ghosts, and a host of others; they are mere ghost stories. The two interesting anecdotes quoted from the able works of Mr. Dendy and Dr. Wigan, in which a vision appeared *synchronously* to more than one, call forth the following remarks: Does not the concluding word *divination* at once beg the question, and draw the learned author away from the truth of this deep and difficult question?

"These illusions may be to a certain point explained by the sympathetic ties (liens) between the members of attached families, and by the psychological resemblance that has often struck us, especially between husband and wife, so that the thoughts seem to pass from one to the other without any actual communication, but by a *species of divination*."

Now is this aught else than coincidence?

The hallucination of a sense, when its organ has totally lost its faculty, is, *prima facie*, almost a mystery; the electro-biologist pretends to confer it at his will. One of the most curious cases is quoted from Calmeil, of the *deaf* ecclesiastic. They are, however, merely instances of excited memory, analogous indeed to the ghost of the amputated limb. After long dwelling on one point, how often is the eidolon raised up, subjectively or objectively. Hallucinations of the smell and taste are generally combined with illusions of the other senses.

In his résumé, p. 117, Mons. Boismont hazards this opinion,—“general hallucination may be a powerful argument in favor of *Berkleisme*, if a pathological state could prove a physiological principle.” Much virtue in this *if*.

The definition, by Esquirol, of hallucination and illusion, described in page 119, is but, in other words, illusive perception and illusive conception, to which we have before often alluded.

We almost regret that M. de Boismont should have introduced the Brocken, and Morgana, as they merely tend to swell the volume, and, indeed, are destroying its perspicuity and concentration. They belong to Brewster, and not to Boismont. On the subject of epidemic or contagious hallucination, our author offers very just remarks. "Independently of the reasons we have given, especially those of ignorance, fear, superstition, and disease, we must not forget the influence of example. One exclamation (*cri*) will affright a multitude of people. He who believed himself the subject of supernatural visitation, might easily convince those who could not see more clearly than himself." The Spectre Hound, or Manthe Dog, of Man, is one of the most interesting anecdotes illustrative of this point.

It is of great importance that we should not disregard *slight* illusions; as Mons. de Boismont observes, "the visionary may at first be conscious that they are *false* perceptions; but, the malady increasing, he at length believes them *real*." The case of the Blanchisseuse, p. 130, is an apt illustration. Protracted illusion, indeed, often induces melancholy and its train of evils. Hallucination is often productive of very important consequences, proving what great events may spring from little things. The vision of a lover, in a state of abstract reverie, may leave so deep an impression, that it may irresistibly impel him at once to the confirmation of his passion: and Mons. de Boismont relates, p. 133, a very interesting case of a gentleman who was constantly attacking his friends and his wife, from a powerful conviction

that they were all demons by which he was beset. All the cases of this kind which we have known or read of, are explained on the principles of concentrated impression, or of impetus, or inducement.

Regarding the combination of hallucination with monomania, the calculation of Esquirol was about 80 per cent; that of Mons. Baudry, in the Bicetre, about 70 per cent; that of Aubanel about 50. Mons. de Boismont thinks Esquirol exceeds the number, but we believe so great a majority of these monomaniacal illusions to be *objective*, whether we term it eidolon or idea, that we are convinced Esquirol is right. The tables in p. 141, on this point are curious; the most frequent illusions are ly-pomania, nostalgia, demonomania, and erotomania.

On the principle to which we have alluded, we believe, with the author, that hallucination, when pathological, affects in preference the monomaniacal form; it may be, in fact, slight monomania, but we do not think the most common illusion to be that of the organ of hearing—rather that of sight.

That melancholy (*stupidite*) is a frequent source of hallucination, must be expected; and Mons. de Boismont affirms, that “in almost every example the conduct and eccentricities of the patients were evidently springing from hallucination.”

In the hallucination associated with general insanity, vision is certainly the sense most subject to the mockery. The author says that in this form the combination of hallucination and illusion is most common, and they are constantly changing from one to the other. They do not seem, however, always to terminate with the mania. They are sometimes the very source itself of the derangement, at others merely one symptom of it.

One of the most interesting cases in the book is that of

Mdlle. O. (page 175), a lady of great judgment, who often, in the midst of the most incoherent chattering, wrote letters full of sensible remarks, and without a word by which her illusion might be discovered. In a state of imbecility (dementia), hallucination is also frequent. In complete idiocy, of course, there can be none. In the imbecile paralytic, illusions of the sight and sound are often combined, and these are often more protracted as the disease is more chronic and permanent. Among the cases of delirium tremens, in Charenton, the proportion of men being four times that of women, hallucination was very frequent, and seemed to indicate or discover the former habits of the patient.

Mons. de Boismont has not often found hallucination in cases of catalepsy, epilepsy, &c.; insensibility is so constantly present, that the mind is a *tabula rasa*. Previous to the attack, however, they are frequent, and the illusion assumes the form usually of *cheromania*, like *Benvenuto Cellini*, which is so well known. "I have among my patients," writes Mons. de Boismont, "a gentleman, who just previous to losing his consciousness had the most beautiful landscapes passing before his eyes."

When *demonomania* is the form it so marks the expression and contortions of epileptics, during the fit, that these seem, according to Esquirol, to be not only the result of but characterized by, the horrid fantasy.

In the solitary form of *chorea*, hallucination is seldom seen: with *hypochondriasis*, and *hysteria*, it is more frequent, probably arising from the extreme depression and consequent blood congestion.

"Madame C. at the approach of her hysterical attacks became timid and frightened; sometimes to so great a degree as to cry out for help. This extreme terror is caused by the most horrible figures, which make grimaces and threaten to beat her."

This hysterical hallucination will often be epidemic or imitative—witness the convulsionaries—the story of the nuns, &c., &c. On this point we would refer to the anecdotes related by the author, and the chapter on Imitative Monomania in the “Philosophy of Mystery.”

Mons. de Boismont very justly observes, “nightmare presents many analogies with insanity; it is not therefore surprising that it is complicated with hallucination.” We coincide with this, having long considered the dream itself to be a transient derangement. The spectres of incubus are probably always distressing—the “black dog” of childhood is always proverbial. The phantasy usually disappears on awaking from the incubus, “but sometimes it continues during waking moments, and is believed to be reality.” This state must not, however, be associated, as the author is inclined to do, with reverie. It is clear that it is this concentration of reverie and not incubus or dream to which Voltaire thus alludes, p. 232.

“Voltaire thought one day that he had *dreamed* the first canto of the *Henriade*. ‘I said in my dream what I could scarcely have said when awake. I had then deep reflections in spite of myself, and without the least effort. Will or liberty I had not, and yet I associated my ideas with sagacity and genius.’”

So also we may consider Sir Walter Scott’s allusion when he was puzzled on a subject, “Ah, we shall have it in the morning;” and the cases of Condorcet, Mackenzie, &c., and that also of Sir Isaac Newton, who was ever in a state of reverie, or, as he said, always “thinking unto it.” All this is reflective energy, and must wait on the concentrated judgement.

But we come now to those phenomena which, although their manifestations may be physiological, are ever marked by pathological effects. It is true that, during ecstasy,

magnetism, somnambulism, extraordinary mental phenomena and laborious works are witnessed; yet they are constantly attended by morbid signs—and even as Monsieur de Boismont allows—"a state *painful* to the body."

In addition to the stories of Swedenborg, Boehm, Santa Teresa, &c., &c., that of Maria de Moerl, p. 279, is very long and very interesting. But it is very true, as M. de Boismont affirms, that "the misfortune of magnetism and somnambulism is, that they have been displayed by charlatans and impostors, who have, as it were, ousted the scientific psychologist. Their exaggerations have been fatally detrimental to an *analysis* of the phenomena." And we may venture to add, that if the sceptics, as well as the proselytes, would back out of the field, the psychologist would then be induced to render the true *explanation* as clear as noon day.

We believe our author rejects, with us, the notion of prophecy (prevision) being ought but easualty; and we think Ferriar, Hibbert, and others agree with Abercrombie, that these hallucinations are often but the memory of a forgotten dream.

Somnambulism is thus well defined:—"The mind, as it is in a dream, is concentrated on its own peculiar impressions, which it takes for so many real external sensations; but the organs, being more obedient to the power of the will, the individual acts and speaks under the influence of false conceptions." We would refer, on this point, to the argument, especially that advanced by Abercrombie.

Lorry has related very interesting cases, analogous to the hallucination of Tasso. The account of Madame Plautan's operation, during a state of magnetic ecstasy, is fully recorded, p. 316, with the examination of her body. Many of these stories are very curious, yet easily

explicable, but others, for example the 108th case, are so shallow as to be worthless; yet we read some long arguments of our author in illustration of them. The passage nearest to our own views is this:—"The phenomena of clairvoyance, prevision, and second sight, depend on a sudden illumination of the cerebral organ, which lights up sensations hitherto in obscurity." This is figurative, but the meaning is correct. The 13th chapter is replete with proofs of the influence of the blood in the causation of hallucination. The case quoted from W. Hibbert, p. 329, is a good illustration, and a host of others are now passing through our mind. In fevers, often, the first symptom is illusion. With all these *facts* we must still confess, with our author, that "it is probable that the production of hallucination is here owing to a morbid action of the nervous system and the circulation in the brain, but the *mode* of action is beyond our recognition."

In discussing the etiology of hallucination, M. de Boismont refers to the two elements of which an idea is composed. We hope we are correct in our interpretation, but psychological terms are unhappily so often *convertible*, that we almost fear to comment on them. We have believed that the definition of an idea was memory of impression on a sense, a spectre being an *intense* idea. This is, probably, the "signe sensible" of our author—the "partie somatique,"—his second element being the "partie psychique;" or the "conception pure," which may mean mere thought or clear *conception*; but if this imply the notion of *innate* idea, of course we differ.

M. de Boismont here again objects to the notion of Ferriar and Hibbert, as to hallucination being essentially a symptom of insanity. That some people have visions there is no doubt; but we believe this phantasy, when in excess, ends in disorder—"maladie mentale;" perhaps,

therefore, it is often a question of *degree* rather than of kind.

M. de Boismont naturally divides the causes of hallucination into moral and physical.

No doubt example—suasion—imitation—may seem to constitute the epidemic rationale; but this prevalence may sometimes depend on physical causes, such as the influence of atmosphere, &c. Now, we have yet to be convinced of our error in supposing that the state of the brain, the proximate cause, is not in all cases changed. In prevention, moral influence is often most powerful—education—early impression, as well as moral suasion,—nay, even the shafts of ridicule, may often check a spreading monomania.

Solitary confinement, especially in gloom or darkness, must be followed by phantasy, as the mind is completely thrown back and concentrated on itself. Anecdotes illustrative of this might be cited; but they, as well as the anecdotes of Silvio Pellico—the stories in Scott, Byron, &c. &c. are already well known. We have, p. 369, a very interesting allusion to the influence of surrounding events in imparting *character* to illusions. In the two hospitals of which our author was director, we might observe two grand classes—the old inmates, “*ancienne societe*,” were admitted before 1793, during the era of agitation and terror; *their* phantasy was demonomania. The second set did not arrive until the new order of things was established; *they* were the subjects of cheromania.

Then come we to the influence of fanaticism, or false religion.

“The religion of the ancients, which peopled the whole universe with divinities or genii (demons, &c.), led naturally to belief in the power and materiality of spirits. The influence which the doctrines of Plato (probably borrowed from Zoroaster), imparted to the subject, was immense.”

“ This *direct* intervention of the evil spirit in human affairs, at once recognised and generally admitted, was the inevitable cause of all sorts of follies and extravagancies.”

We might allude, in illustration, to the errors of Sir Matthew Hale, Sir Thomas Brown, the fate of Spinello, &c. &c., but we have neither space nor time.

The diabolical epidemic of 1459 in Arras, and the religious possession of London, were the immediate effect of imitation. The influence of magic, however, seems to have begun to be of greater effect about 1484, after the issuing of the bull of Innocent VIII.

At the end of the sixteenth century came out two arch visionaries, Dee and Napier. Of all these, our author gives us most circumstantial relations.

The conversion of humans into brutes was believed by Ulysses, Herodotus, and even St. Augustin. From Wierius we have learned the demonomania of Besançon in 1521, in which men professed to be “ lous-garoux,” and pleaded guilty to the killing and eating of young girls.—The stories of Miss Lee, and Sir George Villiers are cited, to which we allude, that we may quote a portion of our author’s conclusion in reference to these facts. It is certain that a great number of apparitions take place without reference to any important or remarkable event, others “ per hasard se sont realités.”

The cases of Colonel Gardner (Hibbert), and of Lord Herbert of Cherbury, are quoted as contracts of devout or celestial and demoniac influence. Gardner was converted, and Lord Herbert, believing he had divine authority, published his infidel book.

The cases of Charles IX., and of Jervas Matcham, and of Beaufort, quoted from Dr. Winslow’s work, are re-excited impressions, or memory of crime; and the

well known story of Tasso's familiar spirit, concludes the moral causes of hallucination.

The physical causes of hallucination are divided into three sections. In the first, we have hereditary diathesis—sex and climate; but climate should not be associated with temperament.

Hereditary tendency may probably depend on nervous or vascular influence.

Regarding the sexes, of 136 patients in the author's establishment, 63 were males, 73 females. Hallucination may appear as early as the seventh year. The author relates an interesting story of a girl of twelve years of age, who, in her ecstasy, had angelic visions. "See ye not," she would say, "those angels in heaven? they are crowned with flowers; they are coming this way to seek me." During the paroxysm her pulse was scarcely perceptible; her skin was icy cold, and her countenance ashy pale.

It is recorded, that among the Cevennes and the predicans of Sweden, children of even five years of age were discovered.

Among temperaments, the bilious or melancholic will, from its accumulations of dark blood, be most predisposed to hallucination; and, we know, intense thought will favour this; as was probably the case with Socrates and Plato, and the host of poets and other abstract and deep thinkers.

We think too much stress is laid on the influence of the arctic climate. True, the Laplander, the Ostiac, the Samoiede, are all subjects of illusion, but they are grossly ignorant; they cannot reason on the grandeur and sublimity of the natural phenomena around them—reason fails, and wild imagination takes its place—but the same is observed among the dwellers in the Hartz, in Switzer-

land, and in the gorges of the Himalaya and the Ghauts; warm as well as cold mountaineers are equally visionary and superstitious. Thus the Chaldean became a shrewd astrologer.

So hallucinations take on a stamp from surrounding circumstances. Those "of the city are constantly distinguished from those of the country by very perceptible shades." Of this, the Bar-gheist, the phoca, the Bodachglas, the fetch, the wraith, may form apt illustrations, as well as the mirage, the calenture, the Schattenmau, &c., &c.

In the *Gazette de Mons*, we learn that Dr. Boismont, the companion of our aeronaut, Green, is cited as having recorded very curious atmospheric phenomena. The second division is chiefly confined to the influence of alcoholismus and narcotism. It is to be regretted that we have so much opium eating in England, but we should not be classed with the Eastern voluptuaries, of whom Moqueville has given so debasing an account. "Their infatuation is such that the certainty of death, with its direful forerunners, cannot deter them from swallowing the funereal poison." A deplorable case is recorded of one who, for four consecutive hours, took one ounce of solid opium per hour!

In illustrating the effects of hachish, the author alludes to the cases of three young merchants of Marseilles; these, however, are more physical than psychical, and might have been omitted. The mental effects of stramonium are somewhat similar to those of hachish. The third section is composed of forms of illusion complicated with the vesaniæ. The fourth of those associated with the tremores, as catalepsy, nightmare, &c., &c.; and the fifth, of combinations of illusion with cerebral congestive, and inflammatory maladies. We have merely time to commend but not to review them.

We come now to a question of much depth and importance—"hallucination studied in reference to psychology, history, and religion." We have so often alluded to the hair line of demarcation between sanity and derangement, that our own words almost ring in our ears. These are the words of the author:—"Who can say, 'here ends reason, here begins insanity?' What naturalist can define the line of demarcation between the animal and vegetable kingdoms—thus is it with our present subject."

Now, we believe, that monomaniacs and lunatics may often produce great works on the principle of concentration; but it does not follow, as we are told, that Alexander and Columbus were mad in the true sense of the word. M. de Boismont offers some sensible remarks on the nature of cerebral impression, as well as on the power of second sight, and of "calling," like Owain Glyndwr, "spirits from the vasty deep," and those phantoms which come without calling, the ghosts of memory and those of recollection.

The author's remarks on the combination of mind and matter, as well as those on the antipodean causes of illusion, will be read with much interest. Although somewhat tautological, we do not think they have been elsewhere better treated.

In the following passage the author more openly expresses his belief in the *innateness* of idea. Ideas "may be referred to two sources, those which owe their materials to the senses (*idées sensuelles secondaires*), and those which have their origin in the soul—from God, (*idées spirituelles primitives*.)" Therefore he takes with great reservation, the "*nihil in intellectu quod non prius in sensu*." We may merely observe that what the author terms *general* ideas, as of quality,

existence, &c., are, properly speaking, *notions*. The association of ideas, as a cause of illusion, is a subject of much interest, especially in a *remedial* point of view. To prove this, we are favored with the so often quoted "*Eagle's-nest anecdote*" of Dr. Rush.

It is clear that Mons. de Boismont considers the intellect, or the mind, as an *abstraction*; and, we fear, that with this metaphysical tendency, his attention might be too much diverted from the brain, which, if he allows it to be the organ or habitat of mind, he considers at most but *unity*, and not as a duality or plurality of organs. We write this after reading the following passage, which we venture to quote in the original language:

"Il serait bien plus etonnant qu'avec des sensations differentes de celles qu'eprouvent les hommes en sante qui l'environnent, le malade continuat de raisonner commè eux; c'est alors veritablement que la raison serait pervertie et bizarre.—Parceque le cerveau peut etre la cause du delire, gardons nous de conclure que c'est le cerveau qui pense et qui raisonne; ce serait dire que l'œil disserte sur les couleurs parce qu'il nous les fait distinguer avec plus ou moins de verite."

The author's mode of reproduction of ideas, that is, the theory of memory, coincides with our own notions.

These, with the remarks of the author of Gall and of Crichton, on the seemingly special accumulation of ideas previous to dissolution, are referred to. It is a subject of deep and almost awful interest, involving the transit of the immortal spirit. It has been elsewhere fully discussed.

When our learned author objects to M. Baillarger for affirming that hallucination is favored by *involuntary* memory and imagination, and he himself tells us that the exercise of attention is the cause of illusion in many cases, they are both right, but each looks on one side of the shield only. What matters it, for the sake of an argument, by what means, or exciting causes, cerebral hyperæmia is induced, when such is the effect? Whether

memory, excited in a congested brain without the will, or by voluntary and strained attention, as in the adduced case of Sir Joshua Reynolds? The difference is this, the involuntary phantasy will usually be *velut ægri somnia vanæ*, the voluntary more rational, and perhaps even intellectual.

Of the phantasy springing from devotion to an absorbing subject, we translate the following interesting case, which is new to us:—"A young man was deeply engaged in the projection of a canal scheme. One day, after his attention had been devoted to the subject, he marked on a geographical chart the line of a canal which was to be made in that district. Suddenly he saw a yellow-covered brochure with this title, 'Project for Opening a Canal to the Plains of Soloque.' After awhile, the fantastic brochure disappeared."

Although we differ, as well as M. de Boismont, from Reid, &c., we do not coincide with him in this rather transcendental sentence:—"The first origin of hallucination ought therefore to be sought for in the oblivion of the two grand laws which should govern mankind, the knowledge of God and of himself."

The two natural orders into which M. de Boismont divides hallucinations are simply, the illusions of a multitude (epidemic), and those of the individual. Of the first, he is satisfied with the history of the one grand project of Peter the Hermit. And these are two of the visions of the army:—"At the battle of Doryglée they saw St. George and St. Demetrius fighting in their ranks." "In the centre of the *melée* at Antioch, a celestial phalanx, fully armed, came down from heaven, led by the martyrs St. George, St. Demetrius, and St. Theodore."

Of the second order, we have many interesting histories; among them the visions of Loyola, and Joan of Arc,

and Luther,—all of whom would probably be termed monomaniacal by their enemies; the unchristian creed of the Jesuits—the *unsexing* of the Maid of Orleans and the conference of Luther with the devil, prove their phantasy, at least on certain points. Had Joan of Arc been beaten in her first encounter, she would have been a madwoman or a traitress; but we admire, with Ideler, the pretty *novellette* which M. de Boismont has made of her. And had George Fox, the founder of Quakerism, done nothing else than buried himself in an old tree as he did, and seen celestial visions, would not he have been set down a lunatic?

With all this leaning toward the *physiology* of hallucination, our author yet comes very close to our opinion in this brief sentence:—"We have already said, elsewhere, that simple (pure) hallucination without complication with one form of insanity, seems to us as rare as cases of true monomania." We are treated, page 521, with a sly lunge at Arnold and Hibbert, who, with all rational psychologists, believe that the days of special inspiration are past:—*Il ne faut pas oublier qu'Arnold et Hibbert sont Protestants.*"

In the sixteenth chapter, we are met by a very subtle question: "Is hallucination psychical, or psycho-sensorial; in other words, is it purely intellectual, or needs it the intervention of a sense?" And the opinions of Bailarger, Burdach, Bayle, Bostock, Müller, are all well analyzed on this point. That not only sense, but sensation, may be revived by memory, the ghost of the amputated limb prominently proves the explanation is psycho-sensorial. But where is the evidence or proof of a purely psychical illusion, which may not be traced to something once heard, seen, or read of? Of course we think the case of Dr. Bostock himself, who affirmed that the "ima-

ges followed the direction of his eyes," tends to prove too much and weaken the argument. His case was purely optical and not psychical. We see clearly a fallacy in the reports of Nicolai, Bostock, and Cardan, but must not pause to refute them.

The very curious cases of "Hallucinations Dédoublées" have been so ingeniously explained by Wigan, that we must refer the reader to his work on duality of mind, if he wishes to dip deeper into psychical mystery.

One of the most interesting subjects to the psychologists is that species of hallucination which *impels to action*; this is the illusion so dangerous to society. It is true, that it sometimes excites to good actions, but we fear the balance is woefully in favor of the malignant spirit.

When in the silence of night we hear the cry of a lunatic, we may rest assured, without fear of contradiction, that his agitation is caused by hallucination.

The calculation which M. de Boismont has made on the comparative frequency of night and day illusions, is as follows:—

"Of 144 cases of hallucinations—

During the night.....	62
During the day,.....	50
During night and day,.....	32"

M. Baillarger has presented to the Académie Royale de Médecine a more elaborate report, to which we refer with confidence.—(p. 569.)

We have often been struck with the fact to which the following sentence refers:—"The smell, like the other senses, is one cause of illusion in the insane: a rose exhales a sulphuric odour; many discern a taint in their food, arising from faults in their digestion, or from a parched condition of the mucous membrane of the mouth; and

they hence reject their diet, under the apprehension that it contains 'poison.'

We were surprised to perceive that the hallucinations of children are adduced as arguments against the notion of cerebral lesion. But the development within the infantile cranium, renders it always prone to great changes in the circulation; and it will be remembered that it is during the recumbent position, when the head is low, that the illusions of children almost invariably supervene, and not while they are standing or sitting.

Periodicity, or remission of symptoms, it may be remarked, does not disprove organic lesion. We have repeatedly seen this occur in cerebral tubercle and effusion.

The duration of a paroxysm, especially when dependent on hyperæmia, may be very brief—a few hours only—vanishing when the circulation is restored.

M. de Boismont has seen hallucination last twenty years in the insane.

Dr. Marc has noticed that the more unusual and eccentric the actions of the insane, the more we may presume that the cause of them is illusion; and we may be sure when the talk of the lunatic is of angels and demons, that he is then in a state of phantasy. In page 595, we have some very correct remarks on diagnosis, well worth perusal.

On the subject of treatment, Leuret seems to have been the first systematic writer. We quite agree with our author in this sentence: "Etiology, symptomatology, and clinical observations, show the importance of physical and moral remedy—alone or combined—in the treatment of hallucination."

The *révolusion morale* of M. Leuret, we are certain, will often fail, if uncombined; a healthy state of the organ must be ensured, the good seed will grow up in it.

The medico-legal consideration of hallucination is of deep interest in the study of psychology.

The danger to society with which phantasy is fraught, is especially increased when the visions of a lunatic are both subjective and objective. If it were merely the hallucination that a man's enemies were following him, he would probably seek his safety in flight; but if, at the same time, he converted natural objects into phantoms, if he believed that his attendants, or his physician, *were those very enemies*, murder might often be the climax of the vision. It is, therefore, when hallucination and illusion are combined in the same patient, that the greatest care and watchfulness should be enjoined; and this, even when the motives of the unhappy being are what we might term pseudo-holy. Of this state, a very painfully interesting history is given in page 657. How far Ravallac, Clement, and Jonathan Martin were influenced by this illusion, we have not been able to conclude.

The medico-legal chapter of M. de Boismont's work is a complete romance; for, although it is replete with sound reasoning, it is profusely embellished by the most interesting novellettes. We think that many of the stories might have been omitted, for conciseness is the quality we most prize in a book on this subject. The volume displays, however, so much research, and bears so high a stamp of classicality about it, that all must receive instruction from its perusal.

We must confess, in conclusion, that the morbid anatomy, the proximate cause, the psycho-pathology, of hallucination, is still sub umbra; and we may, perhaps, be long foiled in unravelling the mystery. We feel much pleasure in commending this able and philosophical work to the patient study of all psychologists.

ARTICLE II.

ON THE CONSTRUCTION AND ORGANIZATION
OF ESTABLISHMENTS FOR THE INSANE. By
HENRI FALRET, Docteur en Médecine de la Faculté
de Paris. *Translated from the French.*

Before the erection of special establishments, the lot of the insane was subjected to numerous vicissitudes.— Considered alternately, according to the manner of the time, as privileged beings, as inspired by Heaven, as possessed by demons, as sorcerers or heretics, and even as criminals, they were the objects of the most absurd superstitions, and the most cruel punishments. We find them at first shut up in the sanctuary of the temples, often mingling in the religious ceremonies; again subjected to exorcisms, to the rack, burned at the stake; more lately banished to the most obscure and unwholesome corners of convents, hospitals, and even of prisons; loaded with chains, and crowded together, or isolated in cages like wild beasts, and exposed to the gaze of the public. At other times abandoned to themselves, wandering in cities and in the country, victims to the derangement of their ideas and sentiments, these unfortunate persons disturbed the public peace, offended good morals, and were according to the form of their mental alienation, either objects of fear, contempt, laughter, or the absurd veneration of their fellow-citizens.

Such, during long ages, was the fate of the insane, and if occasionally some attempts in their favor cheered humanity, they remained entirely fruitless, even in the

countries which had taken so praise-worthy an initiative. In England, for example, the Convent of Bethlem, became an asylum for the insane from 1553, and it was not until the 18th century, in 1751, that the establishment of St. Luke was erected, which was designed to receive patients who had been deranged less than a year. This was the first, and during a long time the sole proof of any true medical thought in regard to the insane. Subsequently, the Quakers, in 1792, in founding the Asylum of the Retreat, near York, for those of their own denomination, afforded a new example of solicitude in their behalf. France manifested several revivals of sympathy for so great a misfortune; thus we see at a remote period, the inhabitants of Lyon and Rouen doing something for the amelioration of this class. In the north of France we notice the family of Bonfils, the members of which transmitted during many years the honorable mission of caring for the insane; and among the influences favorable to them, we would recall the pious exhortations of St. Vincent de Paul, and nearer our time, the writings of Colombier and of Tenon. Yet it is we think to the French revolution that may be referred the general impulse, of which we are at the present time the happy witnesses, for the well-being and the proper treatment of the insane. The principles of the revolution, invoked in favor of these unfortunates by the Duke of La Rochefoucauld-Liancourt in his report to the Constituent Assembly, were gloriously applied by the illustrious Pinel. In breaking the chains of the insane at the Hospital of the Bicêtre, and some years after at Salpêtrière, this philosophic physician gave an impulse which extended itself not only throughout France, but through all Europe. To him belongs the honor of having laid the first foundations for the proper treatment of the insane, and for special Establishments, and

of having elevated the dignity of human nature in the person of these unfortunates.

However, the application of a great and efficient reform to asylums for the insane, required still many years, and presented numerous difficulties. Notwithstanding the efforts of Reil, Langermann, and of Hayner in Germany, of Haslam and of Samuel Tuke in England, of Chiaruggi and of Dacquin in Italy, who each in their respective countries devoted themselves to this philanthropic work, the establishments improved but slowly, and their number remained a long time insufficient. In France, Esquirol, after having consecrated his entire life to extending to the Departments the benefit of the new ideas in relation to insanity, could not complete his work, and left to the intelligent activity of M. Ferrus, and to the zeal of other physicians, the glory of achieving its realization.

At the present time, although there is still much progress to be made, especially in places removed from the great centres of population, the reform of asylums for the insane may be regarded as nearly accomplished. The principles upon which this reform has been based, constitute, in some measure, a system of admitted opinions, which notwithstanding some minor differences are generally held by the "alienistes" of France, Germany, England, &c., &c.

I propose in this work to recapitulate methodically, in a concise, and almost dogmatic form, this collection of ideas and to give the diverse opinions of authors upon the questions of detail relative to the construction and organization of establishments for the insane.

In such a work, I cannot pretend to bring forward new solutions, but shall endeavor to confine myself to seeking in the comparative exposition of different

opinions some indications which will enable us to decide between them, and from which can be drawn elements of perfection for the future.

Authors, as well in France as elsewhere, who have hitherto written upon establishments for the insane, have too often invaded the precincts of architecture and of hygiene ; in consequence of which, their works have assumed considerable size, to the detriment of the particular questions which should alone engage their attention. In order to avoid this danger, I shall force myself to adhere rigorously to the speciality of my subject, and shall write on asylums for the insane in connexion only with the treatment, with safety, and with the particular administrative measures commanded by the very nature of the malady.

I shall divide my work into three parts ; the first will comprehend fundamental questions, the determination of which is an indispensable preliminary to constructing institutions ; in the second place, I shall treat of the construction in general and of the various details attaching to it ; the third part will be devoted to the interior organization, and terminate by some reflections upon these establishments, considered as a means for the treatment of mental maladies.

CHAPTER I.

PRELIMINARY QUESTIONS.

Before constructing an asylum for the insane, there are certain indispensable questions to be solved, and in their solution will be discussed the regulations which should govern its foundation.

After having decided upon the necessity of a special

establishment, the most favorable situation for the building should be selected, the number of the inmates determined upon ; whether to unite the two sexes or place them in distinct asylums, whether separate asylums should be constructed for curables and incurables ; if their doors should be opened to all the species, forms and degrees of mental alienation, and to all classes of society ; and finally, upon what principles the insane should be separated from each other. It is not until after solving all these fundamental questions, that we can begin the construction of an asylum for the insane.

Are establishments for the insane indispensable ? If the necessity of ordinary hospitals can be disputed to a certain extent, and some other mode of public benevolence devised, visitations to the habitations of the sick may one day replace them, but it is not the same in the question of establishments for the insane. The security of society, the happiness of families, the treatment of the insane, require special hospitals, not alone for the poor, but also for the rich. "Mental alienation," says M. Parchappe, "inasmuch as it deprives those who are subject to it of reason, and of a proper use of their intellectual faculties, renders them incapable of providing for their wants by work, makes them morally and legally irresponsible for their actions, and incurs danger to themselves, to their families, and the community in which they live.(1)" How, then, leave at large in society, those who are dangerous to others and to themselves ? How keep in a family an insane person, who may commit the most violent acts, and who revolves constantly in his mind the idea of suicide ; who takes a strong antipathy to those who surround him with the most pressing attentions ; who is despotic, capricious ; whose delirium brings with it disorderly manners, dissipated habits, ruinous prodigality,

(1) Parchappe, des Principes a suivre dans la foundation et la construction des asiles d'alienes, p. 5.

and the most extravagant actions ; finally, one who exercises an evil influence upon some members of his family?

In view of the treatment, it is indispensable to regulate as far as possible, the exterior impressions made upon the insane ; to adopt, in regard to them, a line of conduct firm, persevering, reasonable, conformable to the teachings of experience ; and to impress upon their minds the feeling of dependence. How can this be effected in the midst of a family ? Do not the insane find support for their delirium in the impressions made upon them by places and persons who surrounded them before their insanity ? Are not their parents or their servants, although they may be sufficiently enlightened as to the course of conduct to be pursued, in the worst possible situation to exercise the proper authority ? Is there a wife who can command her husband, a son his father, a servant his master ? This reversing of power would serve only to produce irritation on the part of the insane person, already more disposed to command than to obey, and induce him to commit the most violent actions. It is impossible for parents to maintain in their conduct, that harmony, regularity and perseverance, without which successful treatment will be wanting or compromised ; finally private houses do not possess the necessary arrangements for preventing an insane person from harming either himself or others, and the most injurious restrictions are employed to keep him in his bed, or at least to confine him to his room, and thus completely deprive him of that exercise which is so necessary for him.

By means of these special establishments we insure the security of society, of families, and of the insane ; we change their mode of existence, take them away from the persons, places and circumstances which have provoked or maintained the derangement of their affective and in-

tellektual faculties ; we substitute for familiar localities, those disposed in a new and peculiar manner ; take from the disordered mind the food of its delirium, and pursue a firm and gentle course of conduct in instead of a weak and irresolute one which tends to perpetuate the delirium, and substitute lessons of experience for a blind empiricism.

Thus it is evident that the victims of mental alienation whatever may be the form of their insanity, or their social position, cannot remain in their families, in consideration of their own interest, that of their families, and of society ; it is then indispensable to have establishments where they can be isolated from the world, and which unite to the advantages of their safety and well being the chances of recovery. It may be questioned if these establishments cannot be united to ordinary Hospitals. Those that are entirely distinct guarantee larger individual liberty, secure more perfectly the well being of the inmates, and remove the danger of ordinary patients occupying the attention of the attendants, officers and physicians to the detriment of the insane. Hence the treatment of mental affections requires space, division and classification, and that administrative and medical direction altogether incompatible with ordinary establishments.

Where should an Asylum be situated ? It is very difficult to find in the interior of a city the calm and tranquility, and the space necessary for work and exercise in the open air screened from the public gaze ; the connection of the insane with the exterior world, almost impossible to avoid, increases their desire for liberty, weakens the authority of the physician, and compromises the privacy of families ; the inhabitants in the vicinity are annoyed by the noise and the sight of the violent ; the attendants find too many distractions, and too many facilities

for extortion ; finally the high price of land, of materials and provisions, augment considerably the expenses of building and administration. These serious inconveniences which do away in part with the advantages of isolation and injure the order of the establishment, the treatment of the patients, and the authority of the physician, should prevent the erection of an asylum in the midst of a city.

It should be placed in the country, but not as some authors assert, in an entirely solitary spot, deprived of all communication with the exterior world. A situation too remote, or too near the centre of a large population should be equally avoided. It is only in the vicinity of a large city, that we can find all the desirable advantages; from it the asylum can easily purchase all the necessary materials and provisions. A large city too contains infinite resources ; there can be found the most distinguished physicians, the most intelligent attendants; social and scientific relations indispensable to cultivated minds, and recreations and amusements of all kinds. Therefore we should prefer to have an asylum near a large city ; however, the vicinity should not be too close, and the building should be removed in proportion as the city is large ; the increase in extent should be taken into consideration, and the future as well as the present isolation of the asylum secured. Where the means of communication are frequent and rapid, as by rail-roads it is not necessary to be so near a city.

The site selected should be healthy, the views pleasant and diversified, the soil fertile. It should be provided with abundant water sources, but removed from large bodies of water which might prove the cause of accident or the occasion of suicide.

Above all, the erection of an asylum on a mountain

should be avoided ; the ground is too dry, too inaccessible, too much exposed to public notice, and the expenses too great for the administration. Jacobi (1) cites the asylum of Siegbourg as an example of the inconveniences attaching to a situation on a mountain.

A plain presents too much uniformity and captivates neither the mind nor the heart. The sources of running water so agreeable to the sight, are indispensable for baths, the irrigation of the gardens, and the cleanliness of the building. Fertility of the soil is necessary in order to give interest to the cultivation of the grounds, and that the insane may find in the harvest an ample recompense for their labor.

A beautiful landscape excites in the soul salutary emotions and gives some repose to the mind in withdrawing it from its preoccupation. The soul submits insensibly to the influence of all the objects which surround it, and the beauty of nature contributes powerfully to restore peace and reason to the darkened and bewildered mind.

Should the two Sexes be admitted into the same Establishment? The union of the sexes in an asylum presents certain advantages. Most of the duties and cares of the institution can be discharged by the inmates without exterior aid ; it renders it possible to establish some social intercourse between the insane of both sexes, which acts beneficially on each. It is useful to science in furnishing to the physician elements of study more complete and less exclusive ; finally, it is much more economical to unite the two asylums in one. Such are the motives which have determined Ellis (2,) Samuel Tuke (3,) Dr. Corsellis (4,) Roller (5,) the Commission

(1) Ueber die Anlegung und Einrichtung von Irrenheilanstalten, p. 219.

(2) On Insanity, p. 213. (3) Introduction a Jacobi, p. 12. (4) Int. a Jacobi.

(5) Die Irrenanstalt, p. 73.

of Belgium (1,) and Dr. Girard (2,) to pronounce in favor of a union of the sexes in the same institution. However other distinguished physicians, MM. Ferrus, Jacobi and M. Parchappe raise objections of a different nature against this union.

According to MM. Ferrus (3) and Jacobi (4) the difficulty of adapting the interior constructions and divisions to the end for which they were designed is considerably increased when an establishment is designed to receive the two sexes. First, in order to secure the separation of the sexes in the same building and secondly in order to have two suitable places for the violent in the same system of arrangement, it is necessary to double all the conveniences designed for common usage, such as the baths, the apparatus for treatment, the gardens, &c., where it is impossible to accord the common use without a crowd of restrictions: it is almost impossible to avoid all communication, and in all cases the fear of contact limits their liberty much to their disadvantage. Finally the presence of a great number of attendants of both sexes gives rise to intrigues of all kinds, and is a permanent source of grave evils.

To these objections, M. Parchappe (5) adds the following: 1st, Where an asylum is for both sexes, it is necessary to construct two similar parts, containing an equal number of divisions for the insane; but the number of males and females not being equal within any circumscribed territory, and varying within the different districts, the union of the sexes in the same institution, creates a difficulty not easily to be avoided, without destroying symmetry in the construction; 2d, The equality even of the two being the same, their wants differ, and

(1) Rapport, p. 11. (2) *Annales d'hygiène publique*, no. 79; de la Construction et de la direction des asiles d'aliénés, p. 19. (3) *Des Aliénés*, p. 204, 205. (4) *Ouvrage cité*, p. 25. (5) *Ouvrage cité*, p. 25 et 26.

in uniting them in the same establishment, to give an absolute similarity in the arrangements is difficult and imposes the necessity of giving to each the constituent elements of an asylum an inferior value to that which might be obtained by an absolute separation of these elements.

Experience seems to us to have demonstrated that the difficulties of construction mentioned by MM. Ferrus and Jacobi, are susceptible of being resolved in a satisfactory manner, and that the dangers they fear, could be, if not completely avoided, at least considerably diminished by a good organization. Besides, in making their plans for establishments for both sexes, these two distinguished physicians have furnished a powerful argument against their theory.

We reply to M. Parchappe, that any considerable inequality in the number of insane males and females, is altogether exceptional, and the different divisions of an establishment could be easily accommodated to the considerable and usually temporary variations in the relative number of the sexes.

The different conditions of an asylum for both male and females, requiring some modifications in the construction are neither so numerous or important as to give rise to essential distinctions, and can be easily satisfied without disturbing the general symmetry. Besides in admitting that each of the elements of an asylum for the two sexes would not have the same degree of perfection, as if they were absolutely separated, the difference would be very slight, and this inconvenience would be largely compensated by the advantages we have mentioned. We would remark also, that MM. Ferrus, Jacobi and Parchappe, in giving preference *en theorie* to separate asylums for the two sexes, allow that *en prac-*

tique, it is often necessary to unite them in the same establishment, and that this union is even sometimes desirable.

For ourselves, we decide generally for the union of the sexes in the same asylum, because independently of the advantages already mentioned, we see in the erection of an institution for each sex the immense inconvenience of being obliged to extend the circumscription of each of them in order to attain the desirable number of inmates. However, we will admit as an exception, this separation under two circumstances: 1st, Where the number of the insane, male and female, in any one district shall exceed 350. 2d, Where the difference in their relative number is very great.

What should be the number of inmates in one Establishment? Most writers on this subject have fixed from 100 to 200 as the minimum, and 400 or even 500 as the maximum, all agree that beneath this minimum the inconveniences are too great in an economical point of view, and above this maximum in regard to a unity of administrative and medical direction. Esquirol (1,) Roller (2,) Conolly (3,) Ferrus (4,) Parchappe (5) and Girard (6,) give preference to asylums containing from 350 to 500 insane, that is, to large establishments; whilst a smaller number, among whom are Joseph Frank (7) and Heinroth (8,) in view especially of the medical treatment, are in favor of those on a smaller scale.

It is necessary, however, to add, that the admission of curables and incurables in the same institution influences the opinion of each of these writers, and that most of them increase the maximum, for asylums destined to

(1) *Des Maladies mentales*, t. 2, p. 423. (2) *Ouvr. cite*, p. 21 et suiv. (3) *On the construction and government of lunatic asylums*, p. 10 (4) *Ouvr. cite*, p. 206. (5) *Ouvr. cite*, p. 44. (6) *Ouvrage cite*, p. 16. (7) *Reise nach Paris*, etc., t. 1, p. 256. (8) *Beilagen zu Georget*, p. 410.

receive both classes, and lessens it for those which only receive curable cases.

Large establishments have numerous advantages ; their erection and maintenance cost less : their erection, because it suffices to construct singly all the offices for general use, which in two small establishments would have to be doubled, and to make each of the divisions larger, which would equally require to be doubled : their maintenance, because the *materiel*, as the building is single in place of being doubled, and the *personnel* is far from augmenting in direct proportion to the number of inmates. The establishment is self-supporting, and has within itself all the necessary resources, and possesses under the head of *materiel* and *personnel*, all that is useful and agreeable to the patients, because the increased expenditure is justified by the number whom it benefits. We may for the same reason establish convenient sub-divisions without the fear, as in small institutions, of leaving them often unoccupied. Where there are a large number of insane, from the different classes of society, they can be occupied in many and various ways. The multitude of attendants, which might become a source of disorder, if the establishment was badly managed, could be employed in accordance with the diversity of their dispositions and aptitudes. The number of old and tried attendants, would serve as models to new comers, and in certain circumstances, could be disposed as an imposing force for repression. The association of several physicians ensures a permanent medical supervision, and is favorable to the progress of science ; the importance of the asylum, in permitting larger remuneration, ensures physicians who are better qualified for their duties, and in the last place, a large establishment, by reason of its consequence constantly

before the public, and the government is better controlled.

However, it has been objected that too many inmates cause the neglect of a certain number; that the presence of several physicians gives rise to jealousies and quarrels; that a great number of attendants is a cause of disturbance; and that one superintending physician, however well qualified he may be, cannot direct so many operations, or maintain the necessary harmony and union in the midst of so many diverse elements. To this, we reply that these inconveniences, real when a certain limit is passed, are not so serious as is pretended up to the maximum before fixed; in fact, in an establishment well ordered, a very small number of curables claim special attention. The physicians are wholly independent each in his own line of service, and have no medical connections. The attendants are subjected to a severe discipline and a strict government. The superintendent has to aid him the necessary persons, and besides, his occupations do not increase progressively with the number of inmates. To remedy the inconveniences attributed to large asylums, it is only necessary to adopt and enforce suitable regulations. They increase and are difficult to evade however, where the number of patients exceeds 350 or 400. The institution at Hanwell proves this to be the case, as it actually contains nearly a thousand insane.

Thus, "unity of thought, of interest, of power, of action, facility of supervision, the possibility of creating honorable positions, of recompensing adequately the men who devote themselves to the care of the insane; to class them advantageously, to study all their wants, to satisfy them, and to comply at the same time with the desired economy:" these are, according to

Girard (1) the advantages of asylums for from 350 to 400 patients.

There is one difficulty in regard to large establishments which, in some cases, would lead us to decide in favor of those on a smaller scale—the necessity of bringing the insane from a great distance. To take them thus from their own state or locality, is to deprive them in a measure of a common right, to treat them differently from those who are cared for by the local administration, and tends to perpetuate the prejudices in regard to mental maladies; it aggravates the suffering of kind parents and friends, and furnishes to cruel, indifferent ones an excuse for neglect. It also retards the recovery of the insane by keeping them from the isolation and treatment they require, and deprives the physician of the information the family alone can give. Where the country is well peopled, and there are many insane, the territorial limits from which the establishment receives its inmates is not so extended, and these inconveniences less, but where the conditions are the reverse, this objection would be one to be seriously considered.

In recognizing the advantages of large institutions, and in giving them the preference generally, on the condition, however, of uniting the two sexes, as well as admitting curables and incurables, we think this number (400) can be reached without giving too great an extent to the territorial limit, and that in a country thinly peopled there should be no hesitation in erecting institutions for 300 or even 200 insane.

Should the different classes of society be admitted in the same asylum? The reasons given in favor of the union of the insane of different classes may thus be summed up :

(1) Ouvr, cite, p. 14.

1st. We do not know upon what principle to separate them; should it be upon fortune or education? Sometimes riches are without education and knowledge, and those who have the latter are without wealth.

2d. The insane belonging to the superior class in society are undisciplined and difficult to manage; the example of the patients of the inferior class who are more docile might serve powerfully to influence those of the higher class.

3d. Men in the world are called upon to live and mingle with each other, and nothing can prevent the association of each class and the formation of ties between them.

Girard (1) thus refutes these reasons. "If it is true that fortune does not give those habits and manners which belong to a certain rank in society, it is equally true that it often accompanies them, and ordinarily a poor man who has been well brought up, finds himself surrounded by friends rich enough, who would make sacrifices to keep him from a residence not in accordance with his tastes and habits.

"It is incontestable that the inferior class is easier to govern, to direct, and to discipline, and that their example might influence those of the higher class, and induce them to adopt the quiet, industrious, regulated habits which distinguish the first in a well regulated asylum.—But it is equally true that the richer class often rebel at these requirements and manifest a decided repugnance to associating with those whom they consider rather as domestics than equals. And it costs the physician an effort to compel them to do it, because he knows that in wounding their sensibilities, he irritates instead of calming them. The contagion of a bad example gains the in-

(I) *Ouvr. cite*, p. 8, 9 and 10.

ferior class, and a degree of disorder and violence prevails very injurious to a successful treatment.

"If the force of law, the power of reason, religion itself, that supreme law, have so little influence in maintaining quiet in the world, we should remove all that may tend to disturb it in an asylum for the insane."

MM. Ferrus (1) and Conolly (2) express themselves very strongly against this union of different classes.

M. Parchappe (3) takes a middle course; he says "that a retreat suitable to the wants of the richer class cannot enter into the system of a public asylum without sacrificing some useful or indispensable element, and without being itself in certain respects sacrificed: but he would admit into asylums the middle classes upon condition that the department for them be considered as accessory and subordinate."

We think the presence of paying patients in an asylum for the poor, complicates its organization and management, as regards the well being of the two classes of patients and the administration of the institution receiving them.

To unite these two classes in the same division, with reference only to their mental condition, would be on the one hand a punishment for the elevated class, who would suffer from an association with the uneducated, and on the other it would be unjust to deprive them of the advantages to which the sum they pay gives them a right; and to accord these privileges in the presence of those to whom they are denied would give rise to frequent jealousies.

It is necessary then to make a complete separation between patients of the paying and indigent classes, unless

(1) *Ouvr. cite*, p. 204, 205. (2) *Ouvr. cite*, p. 44. (3) *Ouvr. cite*, p. 17 at 12.

we would render both uncomfortable, and be unjust towards the former ; but then there must be as many divisions among the rich as the poor ; now this is never done, and in the best conducted establishments, the violent of both classes are mingled together, and in some even with the quiet of the indigent class. In truth, the subdivisions of such an asylum would become too numerous, and would not have a sufficient number among those who pay to fill each of them ; hence we, in a medical point of view, may make this general remark, that the rich are not as well treated in public asylums as the poor.

Should curables and incurables be received in the same Asylum ? After the impulse given by Pinel to an enlightened and kind treatment of the insane, at the beginning of this century, the asylums became insufficient, and it was necessary to erect new ones more in accordance with the demands of medicine and humanity.

It was then that the thought occurred, which seems so natural at first sight, of giving special care and attention to those cases susceptible of cure, and of erecting for them alone, asylums entirely in conformity with the progress of science. This separation, enforced by circumstances, was a marked advance upon the former state of things, by putting a stop to the indiscriminate mingling of the insane, and contributing powerfully to destroy the prevalent idea of the incurability of insanity. But this separation, the result of an accidental necessity, has more lately been established into a system.

In France, this theory, although sustained by Esquirol, (1) has not found any real application ; and if at Salpêtrière the curables and incurables have been placed in different sections, it is more in consequence of an administrative measure, than from medical reasons. In Eng-

(1) *Maladies mentales*, t. 2, p. 404, 405.

land there are only two asylums, Bethlem and St. Luke, designed exclusively for curables; however, the Metropolitan commissioners (1) have pronounced in favor of the separation of the two classes; but it is above all in Germany that absolute separation in distinct asylums has been carried out, and elevated to the rank of a scientific theory. Reil and Langermann, its most ardent supporters, obtained from the different governments of the German confederacy several establishments designed expressly for curables. That at Sonnenstein was erected in 1812, Siegbourg in 1825, and Winnenthal in 1833. Hayner, in devoting himself to the perfecting of asylums for incurables, and in producing remarkable results, has added another powerful argument in favor of the system of separation.

The motives which have influenced these physicians, are of two kinds:—Administrative, and Medical:—

1st. *Administrative Motives.* The treatment of mental alienation, requires particular and expensive arrangements. It is just to unite these favorable conditions in asylums for curables; but it would be superfluous to incur the same expenses for incurables.

2nd. *Medical Motives.* An asylum for treatment, and for refuge, having two distinct aims; these two aims cannot be obtained by the same means; they should then, be entirely different, in regard to construction and organization. To unite the curables and incurables in the same asylum, would be to retrograde to the period when the insane were all placed together, without the slightest distinction, and fatal to treatment, in bestowing upon the incurables a share of that medical attention which should be concentrated upon the recent and curable cases.

Finally: the sight, and presence of the incurable pa-

(1) Report of metropolitan commissioners in lunacy, p. 92, 1844,

tients, produces a painful and injurious impression upon the curable ones.

These reasons, which for a long time, have convinced some of the most distinguished physicians have been powerfully combatted by Dr. Damerow, physician at the asylum of Halle, in Prussia, in a work entitled "*Ueber die relative Verbindung der Irren Heil und Pflege Anstalten*, Leipzig, 1840."

In adding to his own arguments those which had been given some years before by other physicians, particularly Flemming (1) and Roller, (2) he has given a fatal blow to the separation of curables and incurables in distinct asylums.

The inconveniences mentioned by Damerow can be divided into two classes, those resulting from the two asylums being distinct from each other, and those resulting from the distinction established between these two orders of insanity.

A. The inconveniences resulting from the separation of the curables and incurables in distinct asylums, are :

1st. The indefinite delay of isolation and seclusion, and consequently of cure, by reason of the formalities necessary before deciding to which of the two asylums the insane person should be taken. In some countries they have proposed to remedy this evil by passing all the new patients through the asylum for curables ; but this destroys the exactness of the separation, and the institution for curables will be found to contain many incurables.

2d. The prolonged stay of incurables in the asylum for treatment, by reason of the obstacles to their removal.

(1) Zeitschrift von Jacobi und Nasse, p. 722. (2) Grundsätze, etc., p. 93 et suiv.

3d. The difficulty if not impossibility of repairing an error of diagnosis, and of returning the patient to the asylum for curables.

4th. The inevitable increase of the expense of construction and support, as the administration and medical services require to be doubled.

B. The inconveniences resulting from the distinction of the patients, into curables and incurables are :

1st. The impossibility for the physician in the actual state of science to pronounce with certainty ; the numerous mistakes which he must necessarily commit destroying the aim of the Institution in encumbering with incurables the asylum for curables, and depriving the insane still susceptible of recovery of the most favorable conditions of the asylum for treatment.

2d. The pain given to the insane themselves, for the greater part of them are far from being insensible to this change.

3d. The pain inflicted on good parents and friends to whom the decision of incurability leaves no more to hope for, and the encouragement given to unkind ones who are glad to have a pretext for their neglect.

4th. The obstacle to the progress of science in giving to some physicians opportunity to observe only the acute stage of the disease, and to others only the advanced periods, and to make from them alone his autopsies without the power of throwing any light upon them by the knowledge of anterior facts.

5th. The ungrateful office assigned to physicians in asylums for incurables, who cannot have as a recompense for their trouble and anxiety, the hope of effecting a cure.

After having combatted in so successful a manner the separation of curables and incurables in distinct asylums,

Damerow stops half way, and instead of renouncing all separation, is in favor of what he calls a *relative union*, that is to say, the separation of curables and incurables in *the same asylum* under the same superintendence, and with the general services in common. This mixed system, which has been so much liked in Germany, is applied to the greater number of the new institutions, among which we may mention the asylums of Illenau, of Prague, and of Halle.

The system of relative separation has not all the inconveniences of absolute separation; thus it remedies all those resulting from the first class; the asylums being united, there is no delay in sending the patients; the facility of transfer prevents the prolonged stay of the incurables with the curables, and gives opportunity to repair promptly an error of diagnosis; and the expenses are diminished, as there is only one administration and the general services in common. But do not the inconveniences of the second class still exist in the system of relative separation? Without doubt the connexion of the two asylums diminishes some of the difficulties; but can we say that those which belong to the very nature even of separation are completely removed by the sole fact of the juxtaposition of the asylums? Is there not for the physician the same difficulty in determining the case; the same danger for the Institution by reason of the stay of a great number of incurables in the department for curables; the same inconveniences for the patients who are victims of an error in diagnosis? And if it is easier to repair a mistake by reason of proximity, can we believe that the physician who has committed it, would be the one suitable to rectify it? Finally does not the pain inflicted by the judgement of incurability on the insane themselves, and on their friends always exist?

Relative separation then, though preferable to that which is absolute, has still the inconveniences which belong to the latter. Why not then renounce completely the separation of curables and incurables? The pretended administrative and medical advantages which we have mentioned in the commencement, and which have influenced the German physicians so far as to induce them to prefer even absolute separation to the union of curable and incurables, seem to us more apparent than real.

What economical advantage is there in the separation of the two classes, unless we suppose that the incurables are neglected, and that all is not done for them which the claims of humanity demand? In what differs the divisions for curables and incurables in the establishments of Illenau, Halle, and Prague? Has not their construction cost as much? Is not the number of sections the same? And are not these two establishments joined to each other? In doubling thus the number of divisions the whole expense of the institution is considerably augmented. Ought not the incurables to work, both to occupy their time, and for their benefit? Have they not need of attendants to watch over them? Of a physician to care for their accidental maladies, or to regulate their regimen and their conduct?

At the present time then, the condition of a good asylum for refuge, differs so little from that of an asylum for treatment, that the saving of expenditure which might result from their separation is altogether fallacious, and far from attaining the economical end had in view by the absolute or relative separation of curables and incurables, the expenses of management are increased. The medical advantages which have been supposed important are also entirely illusory. What evil influence can the sight and

presence of incurables have upon the curables. If this influence exists, absolute or relative separation remedies it but very imperfectly, because it is acknowledged that in the asylums for treatment, there are scarcely more than 20 or 30 curable cases in 100. As for the rest, we admit that in a well conducted establishment the epileptics should have a separate division; that idiots, and some patients altogether degraded in mind or person, negligent and unclean, and who exert an injurious and painful influence upon other patients, should be carefully separated from them; but we separate them as violent, disorderly or slovenly, and not as incurables. We do not admit that an insane person, because he is incurable, can have any evil effect upon those susceptible of cure; he may be to the contrary much more calm, much more manageable and conduct himself much better than they do; and far from being injurious, may exert a happy influence, by the habits of order, of regularity, of industry and obedience, which he has acquired during a long stay in the asylum, or which have become easier to him in consequence of the cessation of the violent symptoms of his malady.

Why should a physician necessarily have too much of his attention taken up by the incurables, because they are placed with the curables? Can he not recognize the sick? Has he need that they should be pointed out to him by the arrangement of the buildings, in order that he should recognize those who may claim more particularly his attention? Besides, is it not easy for him to unite in a sub-division of those who are quiet, the insane that at the time seem to require more especially his care, without having recourse to a fundamental division serving as a basis for the general plan of the establishment, and made superior to that for the separation of the sexes?

In conclusion, the medical and administrative advantages resulting from the absolute or relative separation of curables and incurables, not having the value which has been attributed to them, their union should be preferred; but a *methodical* union, which seems to us as much superior to relative separation, as that is to absolute separation, and as this last is to the indiscriminate mingling of former times.

What should be the number of divisions in an Establishment?

In pronouncing in favor of the union of the sexes in the same asylum, we have never coincided with the singular opinion expressed by Reil, (1) who advises to have the males and females together; it is evident, on the contrary, that they should be separated as completely as possible in entirely distinct divisions; moreover, the mental condition of the insane differs so widely, that disorder and danger would ensue should they be placed indiscriminately together; it is, then, necessary that an asylum should have in its buildings, divisions in accordance with the fundamental differences amongst the insane.

In establishing these divisions, the happiness and favorable re-action of the insane upon each other, should be consulted, as well as convenience of arrangement and superintendence; but it is important to guard against the multiplication of the number of divisions; for all division which is not indispensable, becomes an obstacle to the concentration of the administrative and medical powers, disturbs the order of the establishment, and is at the same time, a useless charge.

For the same reason that we have rejected the erection of distinct asylums for curables and incurables; we reject their separation in the same asylum.

The necessity of a division for convalescents, men-

(1) *Rhapsodien*, p. 471; *Anhänge zu Cox*, p. 63.

tioned in 1785 by Colombier (1,) admitted by Esquirol (2,) Desportes (3,) Brierre de Boismont (4,) Scipion Pinel (5,) and Girard (6,) is realized neither in France, England, nor the United States; and exists only in Turin, Sonnenstein, and in some other of the German establishments.

The principal reason which has induced the different authors we have cited, to demand a special division for the convalescents, is the fear that they will receive painful impressions, and even bring on a relapse by associating with the other insane. Now, this fear is altogether chimerical, and experience proves that the impressions made upon the convalescents in this situation are more likely to strengthen and confirm their reason than to produce a relapse. Moreover, a patient who is recovering, placed in the division for the quiet insane generally feels sympathy for them, and directs all his efforts towards assisting in their care. Besides, the number of convalescents in an asylum is ordinarily too small to fill a division, and even should we separate them, it would not remedy the inconvenience so dreaded by some authors; for it arises more from the presence of the convalescents in the establishment, than from their union with the other patients. Therefore we can only accept the necessity of a special division for convalescents as a theoretical idea, and reject it in practice.

When epileptics are admitted in the same asylum with the insane, all authors agree upon the necessity of their separation.

It is not as indispensable to create a special division

(1) Instruction sur la maniere de gouverner les insensés, 1785. (2) Memoire adresse au ministre de l'interieur, publie en 1818. (3) Programme d'un hopital pour cinq cents alienes, publie en 1824. (4) Annales d'hygiene, no. 31, juillet 1836; Memoire pour l'etablissement d'un asile d'alienes, p. 55. (5) Traite d'un regime sanitaire des alienes, publie en 1836. (6) Ouvr. cite, p. 18.

for idiots and imbeciles; they can, when necessity requires, be placed in the different divisions according to their state of agitation, tranquility, or uncleanness. However, in the great centres of population where they are sufficiently numerous, a particular division can be assigned to them, and the benefits of education procured, as has been done at Bicêtre and Salpêtrière; there is an advantage even in placing them in a special establishment, as is the case in several countries, and in particular the celebrated establishment of Abendberg, in Switzerland, so happily directed by Dr. Guggenbuhl.

Pinel and Esquirol have insisted upon the necessity of classing the insane after the form of their alienation, and they require special divisions for the maniacs, hypochondriacs and those who have a tendency to commit suicide. This is also the opinion of Trompeo (1) and of Gualandi (2) in Italy; of Desportes (3) and of Brierre de Boismont (4) in France; of Guislain (5) of the ministerial commission (6) of Belgium; and of Jacobi (7) in Germany.

To class the insane after the form of their delirium, is to separate them according to their mental condition. Now this condition may not always present the same exterior manifestations; there is danger, therefore, of placing together those who may be very injurious or very disagreeable to each other.

As to the suicidal cases, it is certain that bringing them together in too great a number, and without mingling with other patients, might be fatal to them by the contagion of example.

In the present state of science, it is upon the exterior manifestations of insanity that the classification is gene-

(1) *Essai sur l'asile royal des aliènes de Turin.* (2) *Osservazioni*, p. 134. (3) *Progr. cite.* (4) *Mem. cit.*, p. 55. (5) *Traite sur l'alienation mentale et les hospices d'aliènes*, p. 227. (6) *Rapport*, p. 6. (7) *Ouvr. cite*, p. 53.

rally based. In short, the insane who are calm, violent, troublesome, disorderly, requiring different conditions of disposition and of locality, there is a necessity, in an administrative point of view, of separating them in distinct divisions, in conformity with their several wants. Thus we should not leave the violent and noisy with those who still exercise control over themselves, and have a greater or less share of their reason.

Those who are disgustingly unclean, as well as those who are troublesome by incessant talking, by declamation and songs, by continual motion; in a word, those who are undisciplined, cunning, wicked or refractory, should be carefully separated.

Whatever may be the nature, form and degree of mental alienation, the insane are as liable as the sane to contract accidental maladies; therefore the necessity of an infirmary.

The following divisions and subdivisions should be admitted as indispensable in an asylum:

1st. Separation of the asylum into two parts completely distinct, one for the men, the other for the women.

2nd. Subdivision of each of these parts into:

Division for the quiet,

Division for the violent,

Division for the troublesome,

Division for the epileptics,

Division for the filthy,

Infirmary.

Moreover, as in a large establishment, there are patients who cannot come exactly under the preceding divisions, and who cannot be placed in them without inconvenience to themselves or others, we think it necessary to reserve in each division one or more subdivisions. Finally, as in every asylum for the insane, altogether ex

ceptional cases occur, whom it is necessary to isolate completely, and yet not confine in cells, we propose to reserve according to the extent of the establishment, in the division for the violent, one, two, three, four, or five, small courts where a patient can be alone and yet not deprived of the benefit of fresh air, and physical exercise.

We would observe that the subdivisions do not require as complete a separation as the divisions, and that a simple wall or partition suffices.

To make but a small number of divisions, and there to establish many separations, such is the end that should be had in view.

CHAPTER II.

ON CONSTRUCTION.

It is above all important in the construction of asylums for the insane to keep in mind the general principles of giving, as much as possible, to these establishments the appearance of ordinary buildings, and to make no peculiar arrangements unless absolutely indispensable.

The aspect of the buildings should be that of simplicity and cheerfulness. Nothing should suggest the idea of a prison, and iron gratings, great walls, small casements, strong locks, and heavy bolts should be avoided; all should be solid and durable, and with a reference to safety, but the appearances of liberty should be preserved, and this is one occasion for putting into practice this judicious precept: "*Suaviter in modo, fortiter in re.*"

Neither should an asylum present a monumental aspect, nor still less resemble a palace, and we think it a mistake

that they should have taken for a model in the construction of Bethlem, the Palace of the Tuilleries.

There should be an absence of all ornaments and complicated fixtures which can excite the morbid imagination of the insane ; of all objects which can make them feel their unhappy situation.

To reconcile the facility of supervision, and of communication with the well being of the patients, to separate, completely, the two sexes, to place the division for the violent, as far as possible, from that of the quiet, without however depriving the former of the constant watchfulness they require in so high a degree, to have the general offices nearly at equal distances from all parts of the establishment, in easy communication with all quarters, though at the same time isolated ; to guard the insane from all species of danger, without having recourse to too numerous a "*personnel*," to render the divisions entirely independent of each other ; to put the courts and gardens for the different classes of patients in direct connection with their apartments ; such are the ideas which should serve as a guide in the construction of asylums.

The principle which I have adopted of making neither architecture nor general hygiene the particular object of my remarks, and to confine myself strictly to my subject, only permits me to treat very briefly the various questions relative to construction, and makes it necessary to pass by in silence those that are common to all hospitals, the laundries and kitchens for example.

After having examined, to which form preference should be given, and what should be the number of stories, I shall pass in review the constituent parts of an establishment, that is to say the dormitories, the day rooms, the dining and work rooms, the corridors, the galleries, the courts, and the gardens, I shall then come to the

different details of the construction, such as the staircases, windows, doors, water closets, floors, and the walls, and after having grouped in a special chapter all that relates particularly to the class of violent insane, I shall conclude with the baths, the mode of heating, of lighting and of ventilation.

Form of an Establishment for the Insane.—Jacobi (1) has reduced to four principal forms the different disposition of buildings adopted in the construction of asylums.

1st. *The Quadrangular form*, which consists of a certain number of squares, disposed more or less symmetrically, has great advantages; the complete separation of the sexes can be effected; the courts multiplied; the extent of the establishment limited, and the divisions easily made; but it has one inconvenience when rigorously applied, that of rendering the ventilation imperfect by inclosing the courts on all sides by buildings. Esquirol has remedied this difficulty in part, by having a latticed corridor form one side of the square.

2d. *The H form*, composed of a central building designed for the Superintendent's and general offices, and of two lateral wings for each sex, has the advantage of placing the administration in the centre of the establishment, of separating completely the two sexes, and of permitting ventilation, but there is one difficulty, the buildings must either have too great height, or too great length, and the separation which should exist between the violent and the other patients cannot easily be attained; they have been obliged in several asylums constructed after this form, among others that at Wakefield, England, to add for the violent detached cottages at a distance from the main building.

3d. *The linear form*, where all the buildings follow each

(1) *Ouvr. cit.*, p. 30.

other on a single line, admits of the complete separation of the sexes, of the complete classification of the patients, of the isolation of the more violent, and of giving to each section a court and garden contiguous; it favors ventilation, affords a view of the surrounding country, but it involves the necessity either of giving great elevation to the buildings or an immeasurable length, of which the new asylum at Colney Hatch, near London, is a striking example.

4th. *The radiated form*, which consists of a central building, towards which converge five or six radiating wings, has for its object to facilitate the general supervision of the establishment; but this advantage is imaginary, because the supervision does not consist in seeing at a distance and in a superficial manner all the buildings, but to know intimately and exactly what passes in the interior. This mode of construction renders the courts irregular, gives a fantastic appearance to the establishment, impedes the circulation of air in the central building, requires great height, or excessive length of the wings, and prevents the enlargement of the institution. These numerous difficulties have caused this form to be generally renounced; and the architect himself, Starck, who was the first to apply it to hospitals for the insane in the construction of the ancient asylum at Glasgow, has more lately abandoned it, and adopted the H form for the asylum at Dundee (1.)

Each of these modes has its defects, and no one of them should be adopted exclusively, but the various advantages of the different forms united in the same plan; this they have endeavored to do in the greater part of the modern establishments, and each physician has proposed a plan, which seemed to him the best, because free from

(1) Samuel Tuke, Introduction a Jacobi.

the inconveniences which most strongly engaged his attention. But no plan can, perhaps, be absolutely without objection; to acquire one advantage, it is often necessary to sacrifice another, and all that we can hope, is to avoid serious evils. The form of an establishment should vary, according to the number of the insane, the difference of locality, of the manner, habits, and classes of society; thus, the form which would serve for a small establishment, would not do for a large one; that which would present advantages for a warm country, could not be adopted where the temperature is cold, or extremely variable; and that which would be desirable for a public institution, should be discarded in a private asylum.

In all cases, the problem to solve reduces itself to these two requirements: to gain facility of attendance and supervision, with the complete separation of the various classes of patients.

Number of stories. In requiring the buildings to be of but one story for the generality of the insane, Esquirol (1,) Desportes (2,) Georget (3,) J. Frank (4,) Reil (5,) Nostitz Jaenckendorf (6,) and Guislain (7,) have shown an exaggerated prudence, and have sacrificed to a prejudice which regards all the insane as furious, or, at least dangerous; they fear that the stairs and the windows would become the cause of serious accidents, or even of suicides; that the supervision would be less active and more laborious; that the walks of the insane would be less frequent, on account of the number of steps to mount and descend; that the patients in the upper stories would be troubled by those in the lower; that the washing and cleansing of the corridors and rooms would be rare, for

(1) Art. Maisons d'aliénés, p. 64, 66. (2) Ouvr. cite, p. 10 et 13. (3) De la folie, p. 160. (4) Præcepta, p. 777. (5) Rhapsodien, p. 460. (6) Beschreibung, etc., p. 55. (7) Ouvr. cite, p. 227.

fear of injuring the buildings: finally, that the water closets would become offensive, and the cause of infection.

By the introduction of the principle of sociability in asylums, and placing "*les salles de réunion*" on the first floor, most of these difficulties would vanish: for, from the moment the insane, instead of being retained in cells or in the corridors, are assembled, during the day, in rooms, or in the workshops, and not permitted to ascend before the hour of retiring, to the upper stories, we retain the conditions nearly of an establishment all on the ground floor. As to the danger of stairs and windows already considerably diminished by this system, there are many ways of avoiding it entirely, without injuring the appearance of the house, or incommoding the patients. Besides, in combatting altogether the system of buildings of but one story for the generality of the insane, because it puts them beyond the common law, and occasions excessive expenses without sufficient warrant, we are far from rejecting it absolutely; we believe, on the contrary, that in every institution it is well to reserve a building of one story for the small number of insane acknowledged as very dangerous, and who are obliged to be confined part of the day in their rooms.

Some physicians, among whom we would cite Conolly (1,) Roller (2,) and the nephew of Pienitz (3,) in pronouncing against buildings "of one story," require that they should have but two stories, alleging that the third is difficult to ascend and descend; that it is almost always neglected; that it prevents the proper supervision, and a good ventilation, and is an obstacle to the salubrity of the establishment; finally, they add that the length diminishing in proportion to the number of stories, there

(1) Ouvr. cite, p. 10. (2) Die Irrenanstalt, p. 97. (3) Dissert. inaugur., p. 11.

does not remain sufficient space for the courts for each division when the buildings are too much elevated, and that it is impossible to have a good classification.

We add that the divisions for the patients should never be placed above each other, and the common rooms where the insane are brought together, ought always to be on the first floor, and the dormitories on the upper; these requirements impose the necessity of having but two stories.

Moreover, we think the reasons alleged by Esquirol in favor of buildings of one story, and which we have disputed, acquire more value when buildings are elevated three or four stories, consequently this extreme height should be avoided in the construction of asylums.

Dormitories. Should the insane sleep in associated dormitories or in isolated chambers? Formerly, and Esquirol is mostly of this opinion, it was thought that the system of dormitories was not applicable to the insane, on account of the peculiar nature of their malady.

Desportes, in France, is the first who has recognized the advantage of associated dormitories, both in an administrative, and in a medical point of view; M. Ferrus alone, has principally contributed to this happy reform, by increasing at the Bicêtre the number of patients admitted to the dormitories. In England, and in Germany, the same transformation has, to some extent, taken place, and is progressing, and at present the greater part of physicians to the insane admit, (in various degrees, it is true,) the system of associated dormitories in the construction of asylums.

Their administrative advantages are incontestable; the expense of construction is less than where there are isolated chambers; it admits the possibility of uniting a larger number of patients in the same space, and reduces

the total extent of the establishment; diminishes the number of attendants, and gives more variety to the buildings, by suppressing the long halls necessary to reach the separate cells, and which give the asylum the cheerless, monotonous aspect of a convent or prison.

The medical advantages are no less evident, all resulting from life in common, the happy effects of which, we have several times had occasion to mention in the course of this work. By the union of the insane during the night as during the day, the supervision becomes less irksome and more constant, and they exert a favorable influence on each other. The supervision becomes easier because one person can watch over several patients at the same time, while, where there are separate apartments it is necessary that each insane person should have his own attendant; besides the presence alone of other patients is a powerful restraint on the insane, they watch each other, and it is above all important where there is an inclination to suicide or a tendency "à l'onanisme." The curative influence is no less evident, for the presence and example of their companions induces the insane to repress their tendencies and manifestations; it is the general observation that the insane are calmer and conduct themselves more properly when united in dormitories than when placed in isolated apartments.

It has been objected to the system of dormitories, that it will do only for the quiet class, because a single noisy patient would suffice to annoy all the others; one undisciplined refractory one to incommode all.

It has been said that the atmosphere of these dormitories by the middle of the night, is very impure. Dr. Conolly insists that to place the insane in dormitories, is to take from them the pleasure of possessing rooms which are theirs, and at their own disposal. To this we reply,

disturbance during the night is very rare, and when it occurs, can be easily remedied by transferring immediately the noisy patient into a separate chamber. Besides, this fact should not prevent the employment of dormitories for the quiet class, but the patients should be selected with care, and united in less numbers. The insane who are negligent and slovenly, should be separated from those who are incommoded by contact with them; they should be placed together, as is generally done for the filthy, or in extreme cases, completely isolated in separate rooms.

Impure air can be prevented by a proper mode of ventilation, and dormitories are easier to ventilate than separate rooms. As to the argument of Dr. Conolly, he can scarcely reconcile it with the opinion generally held by most physicians, of occupying the rooms only during the night, and of closing them during the day; it is applicable to but a small number of insane, more especially those who pay, on account of their former habits of life.

We conclude that in order to reap the benefit, as far as possible, of dormitories, and to diminish their inconveniences, it is necessary to avoid making them too large; have them capable of containing from three or four beds to twelve or fifteen at the most, in order to permit the classification of the different kinds of insane.

Day Rooms. If it is admitted that the class of quiet patients can be united in dormitories, there is stronger reason for admitting that they can be placed together in the day rooms. These rooms should be spacious and cheerful, and communicate easily with the courts, a result which can be obtained by placing them on the first floor. Several small rooms are preferable to one very large room, so as to admit the separation of the different classes.

When the number of patients assembled together is very considerable, there are always among them those who have little sympathy for each other, either by their character or the nature of their malady; and it is better to separate them, in order to avoid dissensions and quarrels. By this method the difficulty is obviated mentioned in regard to large dormitories; a single patient cannot disturb a large number.

By means of two or three rooms for each division, all difficulties are avoided, sociability and the favorable reaction of the insane on each other are promoted, two principles destined to accomplish much good in the treatment of mental maladies.

Workshops. At the present time when work is thought an honor and a privilege in most asylums, the rooms in which the patients are gathered together, are nearly all transformed into workshops, which adds to the advantage of uniting the insane, that of affording them occupation. It would thus seem that the creation of these workshops would do away with the "*salles de réunion.*" Their absolute suppression would certainly be possible, nevertheless in a well regulated establishment, it is better to possess independently of the dormitories, the work shops, and the dining rooms, rooms where the patients can rest between the hours of work and of repast, and where those can stay who by reason of peculiar circumstances, cannot or ought not to work.

For the work of women and certain occupations of men, the ordinary rooms can serve as shops; but it is necessary to have special places appropriated to the different kinds of trades; such are the shops for joiners, carpenters, shoemakers, locksmiths, weavers, &c.

The situation of these work shops should be such as

to be easily superintended, and out of the principle buildings, so that the noise may not disturb the inmates.

Dining Rooms. The same principle of social life which places the insane in dormitories, and assembles them during the day in rooms and workshops, brings them together in the dining rooms. There is nothing particular to say about their construction. They should be distributed after the same plan as the day-rooms, and can even, if absolutely necessary, replace them, as has taken place in the establishment d' Auxerre, which is, perhaps, one of the best regulated in France.

Corridors. The corridors, so useful and necessary, where each patient has a single room, can be dispensed with, for economical reasons, if the system is adopted of dormitories, of common rooms, and of work-shops, because they are no longer indispensable to reach each room.

By means of stairs, conveniently placed, the patients of the several departments can descend directly from the dormitories to the day-rooms without mingling with each other, and thus obviate the difficulties which might result from the suppression of corridors.

They are objectionable too, as preventing ventilation by impeding the circulation of the air from one side of the building to the other. However, if retained, in order to facilitate communication, care should be taken not to have them placed between the ranges of chambers or dormitories, as they have hitherto been made.

The windows of the rooms or dormitories should not open to their interior, nor the patients be permitted to remain in them; they are expensive, however, and take up too much space.

Galleries. To interior corridors, some authors, most of them French, among whom are Esquirol (1,) Desportes (2,)

(1) *Maladies mentales*, t. 2, p. 421, 422. (2) *Progr. cite.*

Dr. Girard (1,) and Dr. Brierre de Boismont (2,) would add exterior galleries. Without doubt, these galleries are agreeable to the sight, facilitate communication with different parts of the building, and provide a walk for the patients in bad weather ; but they darken the apartments, and are very expensive.

We would observe, that galleries and corridors serve the same purpose, and either one or the other become useless. The advantage of a covered walk in the open air would induce us to prefer exterior galleries to corridors.

Courts and Gardens. Courts are indispensable, in order that the patients constantly, and at their will, may reap the benefits of out-door exercise ; this exercise in the open air is one of the best means of soothing and calming their agitation. It would be well even to have several courts for each large division, so that patients could be suitably separated.

The extent of the courts, and the facilities for establishing them, depend upon the disposition of the buildings. They should not be surrounded on all sides by the buildings, as it impedes the circulation of the air. They should command a view of the country, and should be made pleasant by means of trees, parterres, and fountains, and provided with seats, and with objects of amusement, in harmony with the sex, and the state of the insane.

In America, (3) the establishments are often without courts in the open air, under the pretext that the patients lie on the ground and contract disease, and habits of uncleanness, as if these inconveniences were difficult to avoid, and as if it were not better they should lie in a clean, well kept court, than on the floor of a corridor.

(1) *Ouvr. cite*, p. 242. (2) *Mem. cite*, p. 65. (3) Ray, *American Journal of Insanity*, avril 1846, p. 341.

We do not regard a garden as absolutely necessary for each division ; the patients should walk in them only at certain hours, and they can very well alternate in the same garden. They should be enclosed on all sides, and planted with trees, but not too thickly or too close together, as they would present an obstacle to a careful supervision.

Stairs. We have said in speaking of the number of stories, that the danger of stair-cases could be avoided in several ways. One consists in elevating partitions at the sides, which are ordinarily limited by a balustrade in such a way that the stair-case would be placed between two walls, and thus prevent all fear of suicide. Another method is to contract the railing in such a way that it would be impossible for a person to throw himself from it. I do not speak of the system of iron gratings, which should be rejected as pertaking too much of the character of a prison.

If the corridors are suppressed, the stairs should be more numerous, at least one for each division, and they should be broad enough to admit three persons abreast, in case of a struggle with a patient, who is to be carried to an upper story.

Windows. In consulting the interests of the insane as well as those of the establishment, recourse has been had to all kinds of inventions in the construction of windows. All that the imagination could suggest has been tried, whether in form, situation, the manner of protecting them, or in their mode of fastening. All these special provisions have for an object the prevention of escapes, suicides and injuries, without at the same time depriving the building of ventilation, or of an external view. In several asylums, to avoid the necessity of interior and exterior protection, the windows have been

placed at a considerable height, or even in the ceiling, and been given various forms to facilitate their opening, and promote ventilation. They have been constructed on pivots, equipoised, or even, as in some English asylums, at Hanwell and Bethlem for example, of a circular or semi-circular form, like the openings for warm air registers. These windows, composed of two frames, the one movable, revolving at will round the other, which is stationary, are composed of closed and open spaces, which can alternately correspond one with the other, excluding the air, or letting it penetrate into the apartment. Gratings and bars are avoided, by placing the windows out of reach of the patients; but ventilation is more difficult, no exterior view is permitted, and the rooms are made cheerless, without however preventing the patients, by the aid of some piece of furniture, seeking to escape, or by the aid of some movable article, or their clothing, breaking the glass.

In other asylums windows breast high, in grooves, or with shutters, &c., &c., have been constructed as in ordinary houses, always adding particular modes of fastening so that the patients cannot open them at their will.

Thus, for example, the size of the squares have been diminished so that the body of a man could not pass through; or the frames made of iron, so that even after the glass was broken, a person could not make his way out; or the windows have been divided into two parts, of which the upper only opens to promote ventilation, while the lower part serves for the view.

This system has been improved upon, by leaving in the lower part, (as has been done at Illenau,) a portion of the window to be opened at the will of the patient, but outside of which is an iron frame, the bars corresponding exactly with those of the window, and visible only when

it is opened. In other places, and principally in England, this open frame is not made opposite to a single portion of the casement, but extends its whole height, and replaces advantageously the vertical bars of iron, which are visible even when the window is closed. This system has lately been applied to the new cells for the violent class at Salpêtrière.

In the Pennsylvania asylum (1) the method employed is still more simple and agreeable. It consists in having only the lower part of the window movable, and placing outside, three or four inches from it, a protection in iron having the character of an ornament.

As another means of protection, we would mention venetian blinds to be shut during the night or even during the day. The means of interior protection consist in iron net work, in shutters or blinds of wood, covering only the lower part of the window, or covering it completely during the night, and in the day time folding up within the embrasure of the casement.

The ways of fastening are various, consisting ordinarily of locks opening by aid of keys or bolts, and not jutting out so as to become means for suicide.

The respective advantages of these various kinds of windows have long been discussed by various authors; we shall not enter on similar discussions; but only remark, that none of the systems enumerated respond completely to all the exigencies, that several among them give the aspect of a prison, and they all have the serious difficulty of singularity. Why cannot we have in establishments for the insane, windows similar to those of other institutions? What is the end proposed in the construction of windows? It is, as we have said, partly to avoid escapes, suicides, and injuries, and also too great expense

(1) Ray, *ouvr. cite*, p. 323.

of glass ; now, I repeat, as in the question of the number of stories, that it is wroug to consider all of the insane as dangerous.

Conformably to the opinion we have pronounced, and which consists in including the insane, as much as possible, under ordinary regulations, we would do away with these singular and exceptional windows, and substitute ordinary ones, with the single precaution of having them close with a key. In the dormitories, shutters should be added of wood, to be closed at night, after the same plan as the casements. By these means, which do not exceed common precautions, we believe means of escape and suicide would be avoided.

As to damages, they are rare, and not serious ; the expense of windows is altogether imaginary, for the insane break much fewer than those who aim to protect them.

Doors. The doors should be strong, and solid, without being massive ; they should not be overloaded with those enormous locks and bolts, which give the aspect of a prison, and should be fastened without having recourse to a key ; there should be uniformity in the locks, so that the attendants may not be charged with keys, as if jailors, and that the search for a key need not be the cause of delay when a door is to be opened. The connection of the bolt with the lock and staple, should be such, that it would be impossible for a patient to open it himself with a piece of wood or iron, or to put any obstacle in the way of others opening it.

Water-closets. The question of water-closets, important in all collections of men, however small, becomes still more so in an asylum for the insane, because of the general tendency to uncleanness ; and their tendency to suicide, and "*a l'onanisme*" requires a particular surveillance.

Esquirol (1) and Desportes (2,) fearing bad odors would have them separated from the other buildings; and it is according to their ideas, that at Salpêtrière an interval of nearly six feet is left between the day-rooms and closets. This plan has the difficulty of removing these places too far, and rendering them difficult of access, especially during the night; and I think at the present time, thanks to the perfection that the English, above all others, have attained in the construction of *water-closets*, that with the proper care of cleanliness, there is no inconvenience experienced from placing them in the interior of the buildings.

Floors. In selecting floors for the insane, regard should be had to the laws of health and cleanliness; the patients should not be exposed to cold feet, which might become fatal to them, because of their tendency to congestion of the brain; and the flooring shall be such as to be easily washed, without injuring it.

At present it is generally admitted that all requirements can be satisfied by means of wood floors for the quiet class; but some physicians would still have stone slabs kept for the violent, the filthy, and the paralytics. Contrary to their opinion, we believe with Desportes (3) that wood should be adopted for all classes of patients without exception, such as exists in the hospitals of Paris, and we reject the system of rendering a part of the floor moveable as utterly useless and even hurtful.

Reil (4) has proposed slabs of marble, covered with carpet, a very difficult plan to realize.

Jacobi (5) proposes to cover the wood with a coating of linseed oil paint, as at Siegburg, to prevent the water from penetrating into the floors when washed; and he

(1) Art. Maisons d'aliénés, p. 76. (2) Ouvr. citée, p. 19 et 24. (3) Ouvr. citée, p. 18 et 19. (4) Rhapsodien, p. 461. (5) Ouvr. citée, p. 63.

also would give a certain inclination to them, so that the water could run off.

Walls. The two principal conditions to be fulfilled in regard to walls, are their cleanliness and facility for washing them, which can be easily obtained by means of oil paint or lime. This last method is employed every where in England, and it succeeds very well, because the structures are made with great care; the stones are so smooth that the lime wash can be immediately applied and this is so much the better, as the apartments can be occupied a few hours after; but in France, recourse is had to oil paints. At the height of a man, nearly, the walls should be painted of a deeper color, which would be less easily soiled; and we cannot too much encourage the breaking the monotony of the walls in the rooms for assembling the patients together, as has been done at Siegburg, by means of different objects, such as maps, pictures, &c. I mention as something singular, that it has been proposed to give to the walls different colors, according to the different forms of alienation, to favorably influence the patients; I leave to be judged the importance of such an influence.

The Chambers for the Violent. It is but a short time since that each insane person had his cell, and the cells presented the most frightful spectacle; they resembled the cages for wild beasts, or dungeons for prisoners; at present, the number of cells is much restricted, and their aspect is like an ordinary room. What immense progress!

In a well regulated asylum, there should not be more than ten cells for a hundred insane, and these should be so far removed from the rest of the establishment, that the violent may not disturb the other patients, and yet so near, that those who are to occupy them, can be easily

transferred thither when their paroxysms come on, and that these patients, who have the most need of care and of surveillance, be not at too great a distance from the main buildings and general offices. The solution of this problem depends much on the form adopted for the institution; but generally speaking, in order to obtain exercise in the open air, and on account of the piercing cries they often utter, it is hardly possible to have them as near as might be desired, with a view to surveillance. Still great care should be taken not to isolate the cells entirely from each other, as at Salpêtrière, in detached cottages; for if this plan is advantageous, as regards the screams and looks, it has serious evils, as it renders heating and surveillance during the night almost impossible.

In constructing these rooms, it is necessary to apply to this exception even, the same general principle which should govern the building of asylums, the approach as near as possible to ordinary habitations. All appertaining to them should be simple and perfectly neat, and in nothing should awaken the idea of a prison.

The walls should be covered with oil paint or lime; the windows should have smaller panes than in other parts of the establishment, and should be protected on the outside by Venetian blinds, and in the inside with shutters. The doors should be strong and open outwards, that the inmates may not be able to prevent a person from entering; they should have neither bolts nor iron bars, nor openings which call to mind the idea of a wicket. These wickets, by inspiring the patients with defiance, often favor the negligence of the attendants, in permitting them to pass through this opening the food and other objects, which they carry to the patients.

The floor of these cells, contrary to the opinion of Esquirol (1,) d'Heberl (2,) and of Guislain (3,) can be of wood as in other parts of the building, without fear of incurring any such inconvenience as would render the use of stone slabs necessary. With a view to the ventilation, and in regard to cries and screams, it is well to place in the ceiling, an opening communicating at will with the exterior air.

Baths. Baths are very essential in an asylum, both as a means of cleanliness and of treatment; notwithstanding several physicians, and several superintendents have thought one room for baths sufficient, choosing the most central point, or one nearest to the class of patients who most need bathing, and facilitating access to it by corridors and closed galleries. It is very difficult, not to say impossible, that a single bathing room, however well situated, should suffice in any asylum, however small. Almost always those who have most need of bathing, are deprived of it, for a greater or less length of time, in the fear that their cries would disturb the order of the institution, be injurious to the other patients, and compromise the reputation of the establishment when visitors were present.

It is evident from the first, that there should be one bathing room for each sex; there should also be a different one for the violent, and for the quiet; and if there are separate cottages, there should be in each of them a bath room.

The bathing rooms can contain several bathing tubs, provided they are separated, either by projections or curtains, as at Salpêtrière, that the patients may not see, and mutually excite each other.

(1) Art. Maisons d'aliénés, p. 70. (2) Abhandlung, etc., p. 250. (3) Ouvr. cite., p. 232.

There are certain arrangements altogether special to be made in the construction of bathing tubs. These have for an object to prevent the patients from drowning themselves, from coming out of the bath, or drawing water at their own will. In widening the edge of the bathing tubs, so that a cloth could be fixed all round, to which another could be attached, passing under the arms of the patient (a proceeding preferable to the covers used at Bicêtre and Salpêtrière) the two first conditions are attained, as to the third it can easily be attained, by having the water come in at the bottom of the tubs—and the stop cocks put out of reach of the patients.

Heating and Lighting. Heating and lighting, altogether indispensable in an asylum for the insane, require certain particular conditions, which are the inevitable consequence of the kind of patients to which these asylums are devoted. Thus we have to dread for the insane, much more than for others, the danger of fire, both for themselves and for the establishment.

Without entering into the examination of the best mode of heating and lighting, the same plan not being applicable to all places, and all countries, we would remark, generally, that the mode of heating adopted, should have reference to the well being of the patients, the security of the buildings and to economy. All systems of heating, or of lighting which best combine these advantages should have the preference. Whatever mode is adopted should be accompanied with certain precautions. The means of heating should be so protected that the patients cannot approach too near; the stoves should have some inclosure of iron, and the fire places a grating; also, in this connection, heating by means of hot-air, steam, or hot water presents great advantages. Fire places are very pleasant, but their expense, the fear of fire, notwithstanding—

ing the precautions taken, render their introduction into public asylums almost impossible; but in private asylums it is the mode of heating to be preferred in the division for the quiet class.

For the means used to light the building, it is enough to avoid all danger to put them out of the reach of the patients. Gas has many advantages; the burners can be placed beyond the reach of patients, but the danger incurred by this mode of lighting should be taken into consideration; and we think with Dr. Girard, it is best to adopt it only for the corridors and the exterior, and to continue to use for the rooms where the patients gather together, and for the dormitories, oil lamps.

(To be continued.)

ARTICLE III.

INSANITY AND INSTITUTIONS FOR THE INSANE. FOR PHYSICIANS AND LAYMEN.*

For many years we have perceived the want—and but too frequently felt the evils arising from that want—of a treatise, which would enable the public to obtain a more nearly accurate idea of insanity, and of the true nature of the modern institutions for the cure of that disease, as well as the proper management of those who are permanently afflicted with it. There was a *lacune* in medical, or medico-popular literature, which we have long wished to see filled by one who was competent to fill it

* Ueber Irrsein und Irrenanstalten. Fur Aerzte und Laien. Von Dr. Heinrich Lachr. zweitem Arzte der Provinzial Irrenanstalt bei Halle. Nebst einer Uebersicht ueber Deutschland's Irrenwesen und Irrenanstalten, erleutert durch eine colorirte Karte. Halle, 1825. 8vo. p.p. 286.

appropriately. For Germany, at least, this appears to have been accomplished by Dr. Laehr, with the work the title of which is hereunto prefixed.

The position of Dr. Laehr, in one of the largest and best of the German Hospitals for the Insane, and in association with Professor Damerow, one of the most eminent of German Psychiaters, where he is in daily intercourse with a large number of the insane, and where all the valuable literature upon mental diseases is within his reach, could not fail to qualify a person of active, observing, comprehensive, and devoted intellectual powers, to write—as he has written—understandingly.

The subject-matter of the book is as follows :

“ Historical Sketch of the Condition and Management of the Insane.

“ Dependence of psychical activity upon the corporeal condition: the brain is the organ of the former, and insanity is a disorder of the brain.

“ Comprehension of Insanity.

“ Upon some conditions of the mind often mistaken for insanity.

“ The causes of insanity ; including education, selection of occupation, marriage, the passions, hereditary, old age, and bodily diseases.

“ The preceding signs, and the commencement of insanity.

“ The treatment of insanity. 1st, Psychical treatment, including self-control, consistency, truthfulness, regular habits, (lebensordnung) employment, and coercive means. 2d, Dietetic treatment, including food, clothing, bedding, cleanliness, baths, and gymnastics. 3d, Abstraction of blood. 4th, Pharmaceutic treatment.

“ Isolation and Institutions for the Insane, with remarks upon traveling, the methods of isolation, the physician to the insane, attendants, association (living together) of the insane, and prejudices against institutions for the insane.

“ Public and private institutions, and their mutual relations.

“ What persons should be placed in institutions for the insane ?

“ On the delivery of patients to the institutions.

“ On the communication between the patient, while in the institution, and his relations. 1st, By letters. 2d, By visits.

“ Four-and-twenty hours out of the life and proceedings of an institution for the insane.

- “The discharging of patients from the institution.
- “The dangers subsequent to discharge. Relapses.
- “Legal provisions for the protection of the insane.
- “Desiderata for psychiatrie.”

An Appendix of about fifty pages, is devoted to a general, special, and statistical account of the institutions for the insane in Prussia, Germany, and Germanic Austria.

Throughout the body of the work, the author writes as one who is master of his subject, as a close and accurate observer, a profound and logical thinker, an accomplished physiologist, and one who understands, to a very considerable extent, the relationship between matter and mind, the body and its spiritual companion. His propositions are illustrated and enforced by apposite examples.—Many of these are taken from the annals of insanity, but some of the articles are literally redundant with such as are drawn from general history and biography. The Chapter entitled “Four-and-twenty Hours out of the Life and Proceedings of an Institution for the Insane,” occupies nearly fifty pages, is graphic, truthful, life-like, and apparently intended more for general, than for professional readers. It contains many sketches of interesting cases, and is well adapted to the purpose of imparting to “laymen” who have never made themselves acquainted with a lunatic asylum, a more accurate knowledge of a *good institution* of that kind than they have heretofore possessed.

We are tempted to make general extracts from the work, but perceiving the extent to which that would lead us, we must limit ourselves to two sections, “Baths” and “The Abstraction of Blood ;” observing, however, by the way, that under the head of “Pharmaceutic Treatment,” there are but a few general remarks, with no special con-

siderations regarding the use of any particular article of the *Materia Medica*.

“ Warm baths not only serve for cleanliness, but they subdue or invigorate the nervous system, according to their temperature, and the duration of their application. They regulate the superficial circulatory system, favor the course of the blood from the internal organs to the external parts, and when there is a congestive tendency to the head, they are (here) used simultaneously with cold applications to the head. These last refresh the activity of the brain, and are very often, sometimes with complaints of head-ache, pressingly demanded by the patients, because, subsequently to those applications, they feel “lighter” and their mental powers qualified for clearer action. Thus, patients are frequently seen who, before the bath, manifested every appearance of general (mental) confusion, or of deep discordance, yet for hours after it, felt refreshed and talked more rationally. Even in cases of high excitement, if the bath be continued several hours, with cold water poured upon the head, it procures quietude.

“ Cold baths operate, on the one hand, by invigorating the skin, and, on the other, by the abstraction of heat. Young, full-blooded persons, or such as constantly suffer from a sensation of inward heat, are instinctively driven to immerse the body in cold water, or, without regard to time or place, to wash themselves with it. When we are bodily or mentally fatigued, we feel, after a cold bath, as if newly-born, and our thinking powers and strength of volition are prepared for renewed energy. This potent action is explained, when we think to what an extent the nervous system of the skin is expanded, and that this all converges to a union in the central nervous system. Still more powerful, in this respect, is the shower-bath, which, although of short duration, produces a general glow of the system, in that the amount of excitation is greatly increased by the aggregation of all which is produced by the single drops.

“ The douche has found a manifold application. Its effect is diversified, according to the time and the duration of its appliance, the force and temperature of the water, and the region upon which it falls. It excites and refreshes, while it acts sympathetically upon the activity of the respiration and of the stomach. The contraction of the chest, nausea, pallor of the skin, and the genital excitement, produced by its long application, demonstrate its importance when used with circumspection. Many desire it, because it leaves a sensation of health. Upon many its moral effect is great, their fury being subdued, their disposition to violence destroyed, and they being rendered more readily obedient.—

While, by acting upon the peripheral extremity of the nervous system, it stimulates that system, and invigorates the organs of vegetative life, it also increases the energy of the brain, and favors the curative force of nature."

These extracts are made, not because there is any thing particularly new in them, but rather to recall attention to the subject. We believe that the utility of baths, and of the douche, in their great diversity of forms and manner of application, as curative means in the treatment of insanity, has never been fully recognized in this country, or, if recognized, has not been taken advantage of, in practice. Nowhere, within our knowledge, in the United States, is there a regular, systematic, daily routine of bathing, as a restorative measure, in an institution for the insane, as there is in many of those in France and Germany: and in one, at least, of our largest establishments, the means for bathing are insufficient even for the purpose of personal cleanliness. We seem to forget that the rôle of the dermis, in the prosecution of the vital actions, is scarcely less important than that of the mucous membrane; and that the brain and the spinal cord may be powerfully effected by impressions upon the extremities of the nerves of the *external*, as well as of the *internal* surface. The douche has been almost universally used, where it has been used at all, in this country, only as a large stream of cold water falling upon the head. This is its most objectionable form and application, and hence it has fallen somewhat into disrepute. We have not availed ourselves of its numerous modifications by various temperatures of the water, the size, force, and direction of the stream, and by its application to the diverse regions of the body, sufficiently to enable us to form an accurate opinion of its value.

"We are indebted to the Water-institutions," continues Dr. Laehr, "for hydro-sudero-therapie, or the method of wrapping the patient in cold, moistened sheets, and then enveloping him in woollen wrappers, which generally, if not the first, at most, the second time soon causes a profuse perspiration, in the acme of which the patient is either dashed or rubbed with cold water, and then made to exercise for a short time. Although this method at Graefenburg, according to the testimony of not a few physicians to the insane, has handed over many sacrifices to the lunatic institutions, and most of them in an incurable condition, because, at that place, they are obliged to treat all cases alike,—yet here, (at Halle) it has been employed in cases for which it is adapted, and has increased the treasure of medical remedies. It regulates the action of the skin, so often disturbed in insanity, promotes the tendency to bodily secretions, through which nature not unfrequently indicates the determination of the disease, and subjects the patient to a systematic cure, which, from the generally persistent passivity of the patient, is easily to be prosecuted. The physical forces are, indeed, during this time, strongly attacked, but good, nutritious diet will reinforce them; and, although this means should not be resorted to for weak and easily exhausted patients, yet to vigorous, full-blooded persons, with raving excitement, or slight, but persistent depression of spirits, it is beneficial. In the latter class of cases, the deficient innervation of the organism awakes the feeling of general heaviness and torpidity, disturbs the circulation of the blood, as is manifest by the coldness and the blue tint of the extremities and the cheeks, weakens the pulmonary circulation, and the mutual action between the air and the blood, and thus diminishes the invigorating condition of the sources of the nervous stimulation necessary to health: and hence, again, the deficient activity of the functions of the skin promotes the disturbance of the pulmonary action."

We have never, in any disease, seen a patient *technically* "packed," and therefore know nothing, from personal experience, of the merits of the "water-cure."—The testimony above-given is founded upon the practice of Dr. Damerow, a Professor in the University of Halle, and one of the most distinguished physicians in Prussia. In another place, we have given the corroborative experience of Dr. Vizanik, who, whatever may be his professional merits, has for many years been one of the physicians of the General Hospital at Vienna, and lives and

acts in the midst of the great medical school of that city, which, without disparagement of others, may be said to have no superior in the world.

We now come to the somewhat *piquante*, but, in our estimation, very just remarks upon the abstraction of blood.

“Hardly any remedy has been more abused than venesection. In the country the farmer is often resolute in the determination that bleeding shall be practised, and then he rests satisfied, whether the patient recovers or dies, especially if the latter be not the provider for a family; and frequently the physician does this, and nothing more, partly because he must live, partly that he may have done something to tickle the eye, and partly because he hopes safety therefrom, and no further claim be made to his services. It is so in almost all diseases, but most especially so in insanity. Occasionally, the basis of a disturbance of the mental activity of the newly developed child, is laid during gestation, by extensive bloodletting in a sickly condition of the mother. If the necessity of bleeding be judged by the remarkable symptoms of a disease, then mental disorders, more than any others, fall to this terrible vampyrism. An English writer considers this practice as the chief cause of the incurability of patients in England, and every asylum for the insane is sufficiently often required to receive the sorrowful sacrifice of such treatment.

“Occasion is the most frequently given for this complaint when the disease assumes the form of raving mania, or when, in melancholia, the patient suffers from oppression of the chest, anxiety, and unrest. Because, in cerebral inflammation, there is a manifestation of mental excitement, does it therefore necessarily follow that all mental excitement, arises from inflammation? Because the appearance of an unwonted muscular power, and violence endure longer than the organism could sustain them, if in health, must there consequently be an excess of fluids? If we,—as old Nettelbeck prevented a mutiny of his ship’s crew—reduce by venesection, the excitement, and thus exhaust the whole organism,—then must we be left to wonder that the storm grows still more violent, and think that we have not yet drawn sufficient blood! Finally, quietude is effected, but is is the quietude of the Church-yard. The symptoms, from want of strength, are less vividly expressed, the reaction of the deficient innervation from the brain begins to show itself in the other organs, the vital force is sooner or later exhausted, and either death follows from troubles in the other important viscera, or, if this termination

be happily prevented, the mental activity is weakened, and incurable dementia is the consequence.

"Experience has demonstrated that anemia and plethora, in their extremes, produce the same local symptoms, and that a deficient innervation—even in an exhausted condition of the system,—may give rise to increased muscular action, both spasmodic and voluntary. But no one will assert that, in raving mania, there is an excess (a healthy excess) of physical strength, for this could only be when there was a harmonious activity of all the individual organs. Raving mania never appears instantaneously, but is preceded, for a longer or shorter period, by a number of abnormal symptoms; and hence it arises from an already weakened and invalidate condition. 'Madness is not in the blood,' says the proverb which the basis, or, far more, the consequence of that sad abuse has given us; but it rests upon a disturbance of the central organ of the nervous system. That organ, for its nourishment and the support of its functions, requires, of all things especially the blood, and always so much the more, the more those functions are in a condition of exalted activity. And when these functions depend upon the condition of the blood, as we have already shown in the exposition of the dependence of the mental activity upon the nutriment, then they cannot be rectified by adding to the *deficient quality* of the blood a *deficiency of its quantity*, thereby removing the most nutritious ingredient.

"We cannot restore, to an excitable man, his psychical energy by drawing blood, and by obtunding the mental activity by rigid diet, but it may be done by taking from him the irritation which supports the excitability, and by strengthening the whole system, thus restoring the equilibrium of action of all the organs. Neither do we cure excitement in the generative life by castration, agreeably to the ideas of the Ascetics, but by invigorating the whole organism, and thus chasing away 'the devil in the blood.'

"Although the physician to the insane has daily proofs that general bloodletting and an antiphlogistic treatment exhaust the organ of the mind, yet, nevertheless, those methods of treatment are daily repeated, thus often preparing pain for him, when it falls to his lot to (endeavor to) overcome not only the weakness of the patient, but also—and often, alas! in vain—the weakness of the Art." * * * * *

"It is not to be understood that we would entirely banish venesection from the treatment of insanity, but that we wish only to give warning against its abuse. As the innervation of the organs necessary to life issues from the brain and the spinal cord, it follows that the weakening of these necessarily induces debility of the whole system. But insanity

is not produced by an inflammation of them, so, by diminishing the quantity of the blood its quality is not improved, nor is the disease itself removed. On the contrary, the already suffering powers of vitality must still further diminish, and through this, the brain approximate a condition of paralysis.

“Only in cases of insanity associated with, or accomplished by, other abnormal conditions, as, for example, strong determination of blood to the head, in vigorous persons, or inflammation of individual organs, should we venture to practice venesection,—and then, even, unwillingly, and in much less quantity than under other circumstances.

“It is true that in insanity, as in all abnormal conditions of the nervous system, slight causes are sufficient to produce a strong determination of blood to the brain, and in the periodicity of this evil lies the organic condition thereto. The evil must be met, because it increases the abnormal condition, and may, by long continuance, produce organic lesions. But it often yields to leeching, or the revulsion of the blood towards other organs.”

The work is illustrated by a well executed map of the Germanic Countries, upon which the locations of all the establishments for the insane are designated, and the character of their organization indicated.

The perusal of the book has recalled to us, most vividly, the beautiful summer morning upon which we accompanied Dr. Laehr—with his “elder,” if not, “better soldier,” Professor Damerow—through the field of his labors; and the moment when, in front of that noble institution, with a manly and generous sympathy for the stranger depicted in his countenance, he gave us the parting salutation.—May we hope that, *when he shall have learned our language*, we shall have the pleasure of again taking him by the hand, and that too, upon this side of the Atlantic?

P. E.

ARTICLE IV.

INSANITY CONSIDERED IN ITS CIVIL RELATIONS.

This pamphlet was originally published in detached portions, in the French Review of *Legislation and Jurisprudence*. The author, apparently a legal gentleman of some standing, professes to inquire whether imperfections on the subject of insanity do not exist in the present French Code, and particularly so, as to the civil capacity or incapacity of individuals. He deprecates, as all must do, the diversity of views entertained by the legal and medical authorities, indicated in the one case, by the laws and adjudications made in accordance with them, and in the other, by the most approved medical writings. We profess to give only an analysis of the Essay of M. Sacase. Our readers are quite as competent as ourselves, to decide whether he has brought forward any valuable recommendations or improvements. The first chapter commences with the inquiry, what is meant in law and in legal medicine by the term insane, and the author answers in the words of D'Aguesseau, that he is so, who in civil society, cannot elevate himself to the level of general duties. Man develops himself in society, by means of law, that is, by using his free will, under submission to a supreme rule, through the influence of reason.

Pinel declared that the study of the functions of the mind is strictly allied to the history of mental alienation and taking this as his basis, described, and classified the

* De la Folie, consideree dans ses rapperts avec la capacite civile. Par M. Sacase, Conseiller a la Cour d'Appel d'Amiens. 8vo. Paris, 1851. pp. 136.

various forms of insanity. He distinguished four species, mania, melancholia, dementia and idiotism. Esquirol has in a great degree followed this arrangement, and it seems to be the one generally adopted.

But if this be correct, the division of the Civil Code is defective. In Art. 489, the terms imbecility, dementia, and furor are used.

As to the term *furor*, much employed in the Roman Twelve tables, it seems to have lost its general acceptance, and now expresses only the exaggerated effects of passion. Esquirol considers it as an accidental occurrence in all cerebral affections, that it appertains to mania, but does not belong to it specifically, for even idiots are subject to accessions of fury. Mania is indeed itself a state of passion. The ideas follow in a spontaneous, rapid and confused course, which does not permit the interposition of reason. Sometimes it occurs, that the maniacal are exempt from this incoherence of ideas which is proper to the disease, and it manifests itself solely, in an excitement (unhealthy) of the faculties, and which writers call *maniacal exaltation*. Although the course of ideas is less rapid, still they are beyond the control of the will.

Dementia, on the other hand, is an abolition of these exaltations. The thought and judgment are as it were abolished or at least degraded, the memory, to a great degree lost, and in the end, the subject literally babbles.

The terms *Imbecility* and *Dementia*, are frequently used as merely translations of each other, but although they agree in some respects, they differ essentially in their origin—the one being acquired and the other original. In dementia, the faculties successively perish, although of course, in rare cases, acute dementia may be suspended in its course and cured. In imbecility, produced

by anomalous organization, either the mind has never been developed, or while developing, its progress has been suddenly arrested by one of those singular accidents, which physiology has not as yet been able to explain. The one then is a gradual and acquired condition—the other, a permanent and fixed one. Still these alterations have numerous affinities—a mental depression, and an atony engendered by accidental or congenital debility of the brain. They are also distinguished from mania and monomania, since in these there is a vicious and an abnormal connection of ideas, whilst, in the other, ideas have never been associated, or have ceased to be so. In one case there is perversion, in the other, inability.

The classification of the civil code is thus correct, in what relates to imbecility and dementia, but incomplete in not comprehending in it those varieties which we style *monomania* or *melancholy*. Should this be recognised in legal nomenclature? Before answering the question it is proper to determine its special character. Pinel designates it under the title of *reasoning mania* (*manie raisonnante*), and if we recognise the division of the human faculties into intellectual and moral, we have a satisfactory distinction. In mania, the faculties of the understanding are preternaturally excited, or overthrown; in dementia and imbecility, they are oppressed, or destroyed; while in monomania, the moral faculties—the passions, in fact—are perverted. In all, free will is abolished.

There therefore can be no doubt, but that the sufferer should be put under restraint, and that this disease should be recognised by legal tribunals.

M. Sacase proceeds to show that it is scarcely possible that one faculty can be affected without drawing in the

others. "All participate," says Falret, "in various degrees." So also remarks Esquirol, "In monomania, that is, in the *manie raisonnée* of Pinel, the mind is more or less diseased. If it were not so, the insane could be guided by their reason, and recognise that their principles are false, and their actions peculiar."

The 2nd Section or Chapter treats of fugitive forms of insanity, under which he includes, febrile delirium and intoxication. These conditions of mind are not according to the French Code, Art 489, a sufficient cause for interdiction, as the *alienation of mind is not permanent*. But certainly, acts committed in these states, must be judged as insane ones—there is an absence of reflection and of will and the mental disease is frequently as decided as in mania itself. The difference appears to be principally as to the length of time, as in the case of the delirium of fever and the mania of the puerperal state; and with the modern improvements in the treatment of insanity, we may hope that these will gradually more and more assimilate in this respect.

Whether intoxication should be a sufficient excuse for the commission of a crime, is a moral question, on which the law decides. Contracts made, when in this condition, are however clearly not binding, on account of the fraud that is used.

Should not this case be provided for, so that at least, the heirs of a deceased person might controvert his contracts, or will when executed under these forms of temporary insanity?

On the other hand, a contract is not void, although agreed to in the moment of violent passion, even although that passion resembles the excitement of delirium.

Feebleness of mind, in contradistinction from imbecility, is also a condition which requires consideration. Here is

an individual deprived of the full exercise of his reason, but with a free, though imperfect will. For such an one, the law directs the appointment of a judicial counsel.

After some observations on the legal state of the deaf and dumb in civil and criminal cases, our author next proceeds to the examination of the subject of *lucid intervals*.

The civil code, Art. 489, enacts that an insane person shall be placed under the care of a committee (as we called it,) or interdicted (as in the French phrase,) although he may have lucid intervals. This is the only instance in which this term is used in the code. What is the difference between a lucid interval and an intermission? The former is a rare, accidental phenomenon, not periodical, fugitive and ephemeral. The latter on the contrary has a periodicity more or less regular; it constitutes a secondary type of insanity, and its duration is often prolonged through months and even years. A lucid interval should never be urged in jurisprudence, an intermission alone should be permitted to be considered. The one term should be substituted for the other, in all our laws.

These deductions are supported by the brilliant pleadings of D'Aguesseau, and by the difficulties and doubts of medical jurists of later times.

The last section is occupied with a labored argument to show the necessity of associating medical examiners, with the judges and the bar, in the examination of cases of imputed insanity.

SUMMARY.

Remarkable appearances found in the body of a suicide aged 74 years.
(Related by Dr. Arnold, of Balingen, in the Medicinisches Correspondenz. Blatt of Wurtemberg.)

This individual, the father of seven children, had always lived affectionately with his wife. At her death, he made over his little property to a son, on condition of being boarded and provided for. He was seized with typhus fever at the age of sixty-two, but recovered from it perfectly. Three or four years later, he complained much of headache, and at these periods was subject to vertigo, but still this did not prevent him from laboring. As nothing was wanting to his comfort, so no evil propensity had been noticed in him. Notwithstanding, one Sunday, while all the family in a house, that he was in the habit of frequenting, were in church, he stole up to the garret and brought down on his shoulders a bag of oats. He was discovered with it in the entry, by his own daughter, who told him to return to it. He did so, and coming down to the family room, took a razor, and cut his throat, but the wound not being sufficiently deep to kill him, he ran into the barn, seized a rope, and hung himself at the height of twelve feet from the floor.

On dissection, the bones of the cranium were found to be very thick; the brain itself natural. On opening into the dura mater, about an ounce and a half of limped serum flowed out. The surface of the two hemispheres was covered with an exudation of plastic lymph, and the whole of the left hemisphere with a fibrous production adhering slightly to the dura mater, and from which it was readily detached. The corresponding region of the brain was much depressed, and the left hemisphere much smaller than the right. The left ventricle was diminished one half in size, while the right was proportionably larger, and filled with serum. The cerebral substance was healthy. The foreign body, which had caused this remarkable depression, was seven inches long, two broad, an inch and a half thick, and weighed seven ounces. It was composed of a fibrous, tough capsule, between the coats of which was observed a yellowish grumous matter, of a fatty appearance, and when examined by the microscope, appeared to be composed of purulent corpuscles, like those of exuded lymph, with crystals of cholesterine, and irregular spots similar to what is noticed in cancerous pus.

The following remarks are, we presume, by the French editor: "It is certainly very remarkable that this person lived so long with this lesion, which must have originated with the typhus, and which was the cause of the headache and vertigo. On the other hand, it is impossible not to see an intimate relation between it and the disposition to rob that developed itself so suddenly, the discovery of which led to the suicide.

Can we assert that this man was perfectly sane? (Jouissant de son entière liberté.) We think not, and yet until the very moment of the commission of the crimes, he was so esteemed by all."—*Gazette Médicale de Paris*, September 10th, 1853.

Amende Honorable.—From an elaborate Review in the Dublin Quarterly Journal of Medical Science, No. 32, November, 1853, on "Insanity and Hospitals for the Insane," we extract the following:

The papers generally, in the respective numbers of the American Journal of Insanity received by us since our last Review, are of a practical and useful character as usual, and must prove highly interesting to those especially who are engaged in psychological practice. But before we proceed further in particularizing their contents, we must strongly protest against a paragraph headed "The Insane Poor of Ireland," which, to our great surprise, we read in the number for July, 1849, the first of the series now before us. We have always hitherto admired the extreme fairness, and accuracy, and friendly spirit of the conductors of this Journal, in its contents and statements, editorial and otherwise. The brief article before us, however, is very contrary to this estimate of ours, and although it does not appear to be originally chargeable to our transatlantic cotemporary, yet we cannot excuse it on this account for giving so evidently prejudiced and disparaging a view of the institutions for the insane in Ireland either countenance or currency. We say this in no unfriendly spirit, and we hope it will be received accordingly. The first palpable misstatement is, "that there is no medical man at the head of any one of these asylums, nor any resident medical officer." Now in all earnestness we ask the editor, how he could believe and circulate such a false statement. The Irish asylums had from the first the most eminent medical men in their respective localities officially attached to them; they did not certainly reside in the asylums, but it is sufficient for our purpose that they were not so altogether mismanaged as to have "no medical men" at all, as the paragraph in question would lead an ordinary reader to suppose. And again, so far back as in 1843, one at least had a "resident medical officer." Secondly, it is contemptuously stated, that if they had not a resident medical officer, they had "a superabundance of boards of governors, nobility and gentry." Thirdly, "that they are not curative institutions, but mere prisons for the insane." Our simple reply to this is to examine the Parliamentary Reports, when it will be seen that the cures in the Irish asylums are considerably greater than in other countries. Fourthly, it is also stated, "that the records and reports of these establishments are said to be valueless;" may we ask, by whom? Now we assert, that the Irish Asylum reports are second to none for valuable information. One word more, and we shall dismiss this matter. The American Journal regularly receives our own periodical; in our number for November, 1850, was an extended review of the Irish in common with other insane hospitals, founded on the best and most authentic official Reports. We presume our cotemporary did not pass by unread, or at least unlooked at, that review, and if so, aught it not, in common fairness between country and country, institution and institution, have given from it a *corrective* to the totally unfounded (we might say calumnious) statement we have now called attention to. It is not, however, yet too late to *make the amende honorable*.

The number for July, 1849, was the last edited by our lamented and honored friend, Dr. Brigham. The offensive article noticed above consists of about six lines, (Vol. 6, p. 95) and the authority for the statements is given by the "*Medical Times*."

We thank the Reviewer for the testimony he bears to the fairness and friendly spirit of this Journal. But he has omitted to notice our number for July, 1853, which he had actually before him in preparing his article, and in which the same charge is substantially repeated, (Page 90) and on the same authority, *The Medical Times and Gazette*, of September 4, 1852. This asserts, that six District Lunatic Asylums in Ireland, have no resident Medical Officers of any kind, and these six asylums contain upwards of fourteen hundred patients.

So far, as an apology is necessary, we are ready to tender it with good will. But really, the mere accurate copying of such peremptory statements as we have referred to, should transfer the charge of *calumnious statements* to the countrymen of the reviewer. EDITOR.

Suppression of Apartments for the filthy in Lunatic Asylums.—We give this as probably the most appropriate translation of "*Suppression des Quartiers de Gatent dans les aises D'Alienes*." This subject was brought to the notice of the Academy of Medicine at Paris, on the 23d of August, 1853, by Dr. Archambault, Chief Physician to the Asylum at Charenton. It appears that he first spoke of his plan at the meeting of the 24th June, 1852, and suggested then, what he should attempt.

It was, in brief, to employ increased watchfulness on the part of the attendants, and to require them to accompany the insane so as to prevent, if possible, all filthiness. He commenced on the 1st of May last, and his success has surpassed his hopes. The room furniture, the beds and the clothing are all kept perfectly clean. The patients formerly classified as above, are at present not distinguished in their dress from the other insane, their dormitories are the same and the *whole secret seems to be, that they are regularly accompanied to their water closets by attendants, at the proper hours.*

As usual, where a great good is accomplished, several physicians urge the priority of idea with them, before the Academy, as M. Renaudin, M. Girard, and M. Morell.

The commission charged with the consideration of this disputation, report as follows:

That the ameliorated removal of this annoyance in Lunatic Asylums has long occupied the attention of enlightened physicians, in charge of of them; that previous to the adoption of Dr. Archambault's plan, several analogous means have been suggested, or employed, but they only proved to be palliatives, while Dr. Archambault, has obtained a positive and successful result, being a complete removal of the evil.—*Gazette Medicale de Paris, August 27th, 1853.*

During our connection with a Lunatic Asylum for the last ten years, we have had an opportunity of witnessing the successful operation of this plan of treatment. In addition to this daily attention, it has also been the duty of the watch to arouse at least once during the night, those addicted to the habit of soiling their bedding. Neither has it been necessary to set apart for their use, any peculiarly constructed dress, or to place them in dormitories differing from those occupied by other patients. In this strife for the honor of priority of suggestion we are surprised only to find so few claimants, supposing the whole arrangement one which would naturally suggest itself to the mind of almost every superintendent.

EDITOR.

King's County Lunatic Asylum.—Dr. T. M. Ingraham, consulting physician to King's County Hospital, N. Y., has been appointed superintendent of the new Lunatic Asylum erecting at Flatbush. This institution will receive the insane poor of a district which includes the populous cities of Brooklyn and Williamsburg, and will soon equal, in the number of its patients, many of our larger asylums. The building, which is almost identical, in form and elevation, with the New Jersey Asylum, is constructed of brick with brown stone dressings. It is to be warmed by steam apparatus, and abundantly supplied with excellent water. While the liberal spirit indicated in the design and execution of this fine building, reflects great honor on the Board of County Supervisors, it is to be regretted that in a region possessing many situations vying in beauty with its famed "Greenwood," and commanding one of the most beautiful views in our country—the bay of New York and its surrounding scenery—a site should have been selected for its Lunatic Asylum upon a broad plain, presenting a tame, unattractive landscape.

Previous to the commencement of the building, an attempt was made, and proved temporarily successful, to secure a more desirable location, but the unwise zeal of a few advocates of this measure, led to the purchase of a site for the extravagant price of forty thousand dollars, and provoked a resistance which was appeased only by a compromise that consigned the Asylum to perpetual neighborhood with the County Alms House.

There can be but little doubt that such association must influence unfavorably the public appreciation of the institution. That, under any circumstances, this new structure will accomplish much good there can be no doubt, but as the measure of its benefits will be greatly affected by its character and management, it is to be hoped that the same generous views which have prepared a respectable structure, will secure a commendable organization and administration.

Dr. Ingraham, who is a man of superior professional ability, has had much practical acquaintance with the insane. His counsels will undoubtedly be judicious, and his deserved popularity as a practitioner must prove useful to a new establishment. The present managers are actuated by praiseworthy motives, and there seems good reason to believe that the Lunatic Asylum will add another to the list of *model* charitable institutions which are, justly, the boast of our country.

Death of Rabello.—(The case of this individual is given in full in the 3d volume of the American Journal of Insanity. Pages 41–67. Dr. Brigham was a witness on the trial.)

Almost every person who visited the Connecticut state prison during the past 17 years, knows something of RABELLO, the maniac. He was confined for murdering a boy, and was so furious most of the time, that the Directors of the Retreat for the insane decided that he could not be better provided for than he was in the prison, though the legislature of the State had passed a resolution authorizing his removal to the Retreat, if the officers should deem such a step more conducive to his health or comfort. He was kept in a cell on the east side of the prison yard, and visitors could see him through the gates, and hear him grate his teeth and rave in madness, in his native tongue. When he was more calm, he was permitted to walk in the prison yard; on these occasions his carriage was proud, his step haughty, and his person beautifully erect; but most of the time he was a raving maniac. He was well educated, but there is a mystery connected with his history.

AGOSTINHO RABELLO was a Portuguese, born in the island of Madeira, about the year 1803. For several years he was a clerk at that place in the house of an English wine merchant. Subsequently he went to Brazil, and for five years took charge of an English library. He then returned to Madeira, and was put on board of a vessel and sent to the United States. He landed at Philadelphia, an insane man. He strolled through the country, usually lingering about and sleeping in graveyards, and living upon charity. He appeared willing to work for a living, and in March, 1835, he was taken into the family of Mr. BEERS BEARDSLEY, of New Preston, in Litchfield county.

On the 27th of April, FERRIS BEARDSLEY, an only son, aged 12 years, went, into the yard early in the morning to get some fire-wood. He carried an axe. RABELLO followed him, took the axe away, and at once cut his head open, killing him immediately. He cut off one of the boy's legs, and otherwise mutilated his person. RABELLO then went into the house, took up a small bundle of clothes and started off. He was shortly afterwards arrested, as he was washing the blood of the murdered boy from his hands and clothes at a brook by the road-side. He acknowledged the murder, and said that he killed the boy for treading on his toes the previous evening, and that he had a right to kill him for that insult.

He was tried for murder before Judges WAITE and WILLIAMS, at Litchfield, in August, 1835. The evidence taken mostly related to his insanity—the murder being admitted. It appeared, by the evidence of a number of witnesses, that he was in the habit of lingering about grave-yards, often sleeping in them, even in drenching rains; that he often acted as if in a terrible passion, declaring that every body was against him, "that his friends were enemies;" that he had fallen out with his parents, and brothers and sisters, in Maderia; that he would rather die than to return there; that he seemed to be haunted with the idea that he was constantly insulted and injured, and that children were sent to insult him. He had a peculiar notion about his toes, and if any one hit them, or

touched his foot, he would fly into a great passion. As a test, after his arrest, a physician purposely trod upon his toe, as if by accident, when he went into a furious passion, his pulse increasing thirty beats in a minute. He declared, "you did not hurt my foot, but you did my feelings."

The Jury brought in a verdict of not guilty of murder, on account of his insanity, and the Court ordered him to be confined, to prevent his injuring others, as it appeared that he had previously attempted to kill a man with an axe, who accidentally rolled a stone against his foot. He was placed in the State Prison, where he has remained for several years, a wild maniac. For several years he has failed in strength, and became emaciated. Some months since his limbs began to swell, and dropsy set in. He died in the prison hospital, on the morning of the 30th of Oct., 1853, aged about 50 years. As he approached final dissolution, he appeared more rational, and conversed like a sane man. He declared that he wanted to die—that he had nothing to live for, and hoped to find rest to his troubled spirit beyond the grave. He said that no one could estimate the troubles and the sufferings that he had passed through, and alluded particularly to severe, sharp pains that had frequently darted from his bowels upward, reaching his back and head. He seemed to be worn out, and died in comparative ease.

North Carolina Insane Asylum.—From the "Stethoscope," of Oct we learn that Dr. E. C. Fisher, of Richmond, Va., formerly connected with the Western Asylum at Staunton, Va., has been appointed Superintendent of the North Carolina Asylum, a State Institution about to be erected near Raleigh.

New State Lunatic Asylum at Taunton, Mass.—Dr. G. C. S. Choate, of Salem, formerly attached to the Hospital at Deer Island, in Boston Harbor, has been appointed to the superintendency of the New State Asylum at Taunton.

The Honorary Degree of Doctor in Civil Law has been conferred upon Dr. Forbes Winslow, Editor of the Psychological Journal by the University of Oxford.

Homicide by a Lunatic.—Dr. William L. Waring, a highly respectable and popular young physician of Essex Co. Va., was recently shot in his carriage by a lunatic.

Obituary.—Death of Dr. Francis Bullock.—Dr. Bullock was born in Centreville, Allegany Co., N. Y., June 22d, 1828. He commenced the study of Medicine in 1845, and received the degree of M. D. at the College of Physicians and Surgeons in New York City, Oct., 1849. In January of the following year he was appointed Resident Physician to the Kings County Asylum for the Insane at Flatbush, L. I., a station which he was in every way competent to fill. Possessed of an amiable disposition, and an even temper combined with physical and mental energy, he would, had he lived, secured an honorable place in the profession he had chosen. Dr. Bullock continued in the successful discharge of his duties until the middle of July last, when he was seized with a severe form of remittent fever, which terminated fatally on the 30th.

A M E R I C A N JOURNAL OF INSANITY. FOR APRIL, 1854.

ARTICLE I.

BLOODLETTING IN MENTAL DISORDERS. By
PLINY EARLE, M. D., OF NEW YORK CITY.

PROPOSITION.—TO WHAT EXTENT, IN REGARD TO BOTH FREQUENCY AND QUANTITY, IS THE ABSTRACTION OF BLOOD REQUIRED, IN THE TREATMENT OF INSANITY?

§ 1. “To *bleed*, or not to *bleed*: that’s the question.” I approach it with the desire, as well as the intention, of discussing it fairly, honestly, dispassionately, impartially—briefly as circumstances permit in the expression of my own views, relying chiefly upon the facts and opinions promulgated by others, and with no other object than the attainment, if possible, of truth.

In the consideration of the subject we are met, at the outset, with the following certainly very remarkable facts.

First. Dr. Rush, in his well known “Medical Enquiries and Observations,”—a treatise which has had a circulation, among American physicians, more extensive than that of the works of all other Authors upon mental disorders, recommends venesection in each of the four generally recognized forms of insanity, Mania, Monomania, (Amenomania,) Melancholia, (Tristimania) and Dementia, (Demence, or Dissociation.) Abstracting from these classes a relatively small proportion of patients, he establishes for them four new divisions, Derangement of

the Will, Derangement of Memory, Derangement of Faith, and Fatuity, which, with some exceptions in regard to the last, are not recognised as distinct forms by other authors. In the first two of these he advises venesection, but not in the last two.

Second. In the Annual Report of Dr. Benedict, Superintendent of the New York State Lunatic Asylum, at Utica, it is asserted that "not one ounce of blood has been drawn from the eight hundred and twenty-five patients under treatment during the past year."

It may also be stated, upon oral authority, that in two of the other largest American institutions for the insane, no depletion, by either general or local bleeding, has been practised in the course of the year 1853, although during that period, upwards of eighteen hundred patients were under care.

The doctrines of Dr. Rush, and the prevalent practice at our largest establishments for the insane as they are here represented, how much soever the two should be qualified, or explained, in order to bring them to a parallel proper for exact comparison, present a palpable, broad, and, to an impartial unprofessional reader, glaring and unaccountable contrast. Black and white are scarcely more dissimilar. Light and darkness hardly present a greater difference. Antipodes are but little, if any, more diametrically opposite. The zenith and the nadir are but one remove more remote each from the other.

Where, then, is the truth? Where that accurate grade, or position, which, as it will the most essentially promote the welfare of the patient, is desired by every conscientious physician? Is it at either extreme, or at some undefined point between the two? These are questions of no minor importance. In the opinion of many practitioners, life or death, restoration to mental integrity, or

permanent insanity, depend upon their solution, and the practice resulting therefrom.

Omitting, for the present, any discussion of the subject based upon physiological facts or pathological facts and theories, I proceed to the quotation of such authorities as advocate a parsimonious use of the lancet and, though less so, of the means of topical bleeding. The first series of extracts is from American writers :

§ 2. "I trust that I may be allowed, without offence, to call the attention of my professional brethren who are so partial to the depletory treatment advocated by Rush and certain English writers, to the important fact that, in no hospital for the insane in New England—and the same may be the case in many other institutions in our country—is this treatment now used. I can not but think that, if this fact were generally known, it would lead them to a thorough revision of the grounds of their treatment, or, at least, would render them more cautious how they practice those enormous abstractions of blood which so often lay the foundation of hopeless fatuity, or a tedious convalescence.—*Dr. I. Ray, p. 25 of the Third Annual Report of the Maine Insane Hospital.*

"General bleeding, which was once considered as indispensable in acute mania, was utterly discarded, forty years ago, by Pinel, is practiced with increasing caution and distrust by the English, and is now seldom used in any American hospital."—*Ibid pp. 5-8 of the Fifth Annual Report of the Maine Insane Hospital.*"

§3. "Many physicians, I am confident, take it for granted that inflammation is necessarily present, in all cases of acute mania, and the lancet follows the opinion promptly, perhaps repeatedly. It is not insisted that general bleeding is *never* necessary, but I do believe very few cases require it, and thus more injury is done, in most

cases, to the powers of the brain, than by any other active remedy usually resorted to. Temporary or permanent dementia often follows this depletion. As arterial action is always unequal, local, instead of general blood-letting would be as efficient if not more so, and, in my opinion, more safe."—*Dr. James Bates, Superintendent of the Maine Insane Hospital, p. 40 of Report for 1846.*

§ 4. "I believe that purging, bleeding, low diet, &c., have been adopted with little discrimination. They are to be resorted to only when there is organic disease which requires the reducing plan. But these remedies, especially in debilitated subjects, are seldom useful in relieving mental diseases. They are usually injurious and frequently fatal."—*Dr. Rufus Wyman, of Mc Lean Asylum; in a note to a discourse upon 'Mental Philosophy as connected with Mental Disease,' delivered before the Massachusetts Medical Society.*

§ 5. "Each year that I have passed in this extensive field, has served to diminish my confidence in an active medical treatment of almost every form of disease of the mind, and to increase my reliance upon moral means. No individual at the head of an insane institution would now think of combating any form of insanity with the depletory and reducing means once regarded as indispensable. The practice of bleedings, violent purgatives, emetics, vesicatives and derivatives, has passed away before the light of experience."—*Dr. L. V. Bell, Report of McLean Asylum, for 1841. p. 22.*

§ 6. "All agree that depletion, by which I would be understood general bleeding and active cathartics, is not favorable in insanity, as it rarely affords more than temporary relief, and frequently produces injurious efforts. When bloodletting has been employed freely and frequently in active mania, the only form of insanity

in which it is commonly used to excess, if the excitement for a short period, an hour or two and sometimes a day or two, abates, it is generally renewed with increased violence and under circumstances far less favorable for the benefit of other remedies. The indications for active depletion are usually the effect and not the cause of excitement; they grew out of the perpetual activity of the physical and mental powers, and are not the cause of it. By this course of remedies the strength and energy of the system is reduced, the nervous system is rendered more susceptible, and the actual violence of the symptoms is increased. The effect of great loss of blood is often to produce pain in the head, a sense of stricture as if a fillet were tied around it tightly, ringing in the ears and noises in the head, which lead to false perceptions of sound, and illusions liable to result in permanent insanity. It is said that animals bled to death have congestion of blood in the vessels of the head. The last rush of blood seems to be to this citadel of life. It is a fact, also, that I have noticed for many years, that affections of the heart are produced by excessive loss of blood in any way. An eminent practitioner of medicine once informed me that when he had bled cases of severe and painful neuralgia, he had repeatedly found palsy of the side affected with the disease on his next visit.

“Free general bleeding is only useful in cases of entonic inflammation, such as pneumonia and phrenitis, with symptoms very unlike those attendant on insanity in any form.

“The effect of local bleeding is more favorable, and may sometimes procure relief from distressing symptoms and afford an abatement of excitement that may give other remedies a better opportunity to produce good

effects. But even local bleeding can rarely be relied upon to cure insanity. It is usually prescribed to procure present relief, rather than with the expectation of permanent benefit. Where there is a redness of the eyes, great headache, much heat, and throbbing of the carotid and temporal arteries, it may not be amiss to use local depletion, while, at the same time, every effort should be made to promote the circulation of blood in the extremities, and the quantity abstracted at one time should not be very great.

§ 7. "In some cases I have seen great excitement followed by a state of apparent dementia, almost immediately on free bloodletting. Some time ago, a female, aged about fifty, came under my care in the most violent mania. The remedies prescribed for her had but little effect, and it was resolved to bleed her freely. Sixteen or eighteen ounces of blood were taken from her arm. She became dull almost immediately, and remained so for a long time before she gained activity of mind, after which her excitement became as bad ever, and other remedies finally relieved her.

"A vigorous, athletic man, aged fifty-five, was subject to the most violent paroxysms of periodical insanity. He had been under my care repeatedly, and remedies had but little effect in diminishing his excitement or abridging the length of his paroxysms. One day in the extreme of one of his excitements, he urged me to bleed him, and presented his arm for the purpose, held by the other hand so as to swell the veins to an inordinate size. I had him bled freely, principally to see what would be the effect of copious depletion in such a state of excitement. Within a few hours he seemed like an idiot, but the excitement was not essentially diminished. His mind was entirely chaotic for a number of days, the paroxysm was

prolonged to an unusual extent, and its violence, on the whole, was not lessened.

“Some years ago, a shipmaster came under my care who had been bled about sixteen ounces, from twenty to thirty times, in the course of five or six weeks. He looked pale and bloodless, was tremulous and weak, but his excitement was not essentially abated. He afterwards recovered under different treatment, and has had no return of the disease.

“A patient is now under my care who was bled in the outset of his disease, four or five pounds, at as many different times. His body appeared bloodless, and his mind chaotic in the extreme. He has become more quiet, but all our efforts have failed of removing his insanity.”

—*Dr. Samuel B. Woodward, page 71 of the Twelfth Annual Report of the State Lunatic Hospital at Worcester, Mass.*

§ 8. Dr. Todd, who directed the Hartford Retreat, in its earlier years, with distinguished success, has left no written opinion in regard to the treatment of insanity. Dr. Brigham, however, in the fourth volume of the *American Journal of Insanity*, says of him :

“He early discountenanced depletion, particularly bleeding, in insanity, and insisted upon the necessity of generous diet, and recommended a frequent resort to tonics and narcotics in the medical treatment of the insane. This course of treatment, though it had been recommended by the best writers on insanity in Europe, had not, to much extent, been resorted to in this country previous to the time of Dr. Todd, and it was so contrary to that recommended by Dr. Rush, that it required considerable boldness, and much address and management, to introduce it, and make it popular in this country—and this Dr. Todd accomplished.”

§ 9 “Regard should be had to the cause of the insan-

ity. If occasioned by a blow, or other direct physical injury of the head, or from some sudden and violent mental emotion, while in good health, free depletion by bleeding and active cathartics are useful and often indispensable. But such cases are seldom seen in lunatic hospitals. We have very rarely considered it advisable to have recourse to general bleeding at this institution. Occasionally, when there is much cerebral excitement, we have resorted to topical bleeding, but more frequently, even in such cases, we derive benefit from placing the feet in warm water, the application of cold to the head, and the free movement of the bowels by laxatives."—*Dr. A. Brigham, page 32 of the Eighteenth Annual Report of the Retreat for the Insane, at Hartford.*

"Some cases may, perhaps, require bleeding, but we apprehend such instances are rather rare. Many of our patients appear to have been injured by too much bleeding and depletion before admission to the Asylum."—*Ibid. Page 60 of the Report for 1843 of the N. Y. State Asylum.*

"Only four of the six hundred and twenty-two patients that have been here during the past year, have been bled by us. In three of these cases the bleeding did not appear to be serviceable; in one we thought it highly beneficial."—*Ibid. Page 353 of the American Journal of Insanity, April, 1847.*

"The treatment of insanity by bleeding, though strongly recommended by Dr. Rush and some others, we believe to be generally improper, and frequently very injurious. Sometimes it appears to produce a fatal result, and we are confident that it not unfrequently renders cases incurable. Some physicians appear to consider great maniacal excitement, vociferation, and violence as sufficient evidence of inflammation to have recourse to general bleeding; but as we have said, this is usually a sad mis-

take. So frequently have we seen bad results from bleeding copiously in the commencement of insanity, that we are strongly inclined to limit the resort to it to those cases that occur suddenly in robust persons, with a hard or a full, strong pulse, redness of the eyes and face, and other well-marked symptoms of inflammation of the brain or its membranes. * *No regard whatever should be paid to the mere excitement and violence of the patient, as furnishing indications for bleeding.*

“ That bleeding is sometimes serviceable and necessary at the commencement of insanity, we do not doubt; but of this we are confident, if a patient actually requires bleeding in consequence of the inflammation of the brain or its membranes, then he requires to be kept still, and will be greatly injured by travelling.” *Ibid. Page 28 of the Fifth Annual Report for the New York State Lunatic Asylum.*

§ 10. “ Of acute mania, we had thirty-eight cases at the commencement of the year, and have admitted one hundred and sixteen during the year. Many came to us in a perfect fury of excitement, raving, struggling and resisting, exhausted by the journey, and having taken no food or sleep for days.”

“ In no cases have we found local or general bleedings admissible, but, on the contrary, nutritious diet and brandy punch are generally demanded. We give from half a pint to twelve ounces of brandy a day, and continue it for weeks, as we do in mania-a-potu, the diseases resembling each other in many of their symptoms and post mortem appearances, and admitting of, if not demanding similar treatment.”—*Dr. N. D. Benedict, pp. 22, 23, of Eighth Annual Report of the New York State Lunatic Asylum.*

“We cannot urge our medical brethren too strongly to

abstain from the practice of taking blood from insane persons. Our plan of treating very active insanity is directly opposed to depletion. Not one ounce of blood has been drawn from the eight hundred and twenty-five patients under treatment during the past year. We resort to stimulation, in many cases, with great freedom, and have seen the best evidences of its propriety." *Ibid.* Page 16 of the *Tenth Annual Report*.

§ 11. "With great deference I have here ventured to reverse the order of Dr. Rush, who says "the cause of madness is seated primarily in the bloodvessels of the brain." This theory, I apprehend has too often, in incipient insanity, led young practitioners into the fatal error of treating, by bold depletion, *irritation* for *inflammation*, than which, as a general rule, nothing is more prejudicial to the radical cure of the patient."—*Dr. Samuel White proprietor of the Hudson Lunatic Asylum, Page 5 of an 'Address on Insanity, before the New York State Medical Society.'*

"Copious abstractions of blood should ever be avoided in insanity, as endangering dementia. Very few are the cases of insanity, even in its incipient stage, that admit of venesection. In such only as are plethoric, and in the vigor of life, is it admissible at all, and then only in a cautious degree. The pulse is deceptive, for though there may be increased impetus of blood in the carotids, yet they will be found compressible, and the radial artery feeble in its action, showing an unequal distribution rather than congestion. In such cases, where symptoms seem urgent, topical blood-letting, by leeching or cupping, may safely be resorted to without danger of collapse. In the treatment of six hundred cases, venesection has not been resorted to in more than one in a hundred, after they entered the institution, and then only

moderate in quantity. Many, however, have been brought to the asylum, after two or three copious bleedings, undoubtedly with the best intentions; yet the results have proved a prostration of the vital energies, more difficult to overcome than the original disease." *Ibid.* Page 13 of the same Address.

§ 12. The opinion of the late Dr. James Macdonald, of New-York, than whom no American is or has been more sagacious in the perception of the true nature of insanity, in special cases, nor more skilfull in its management, may be inferred from some of the records which he has left upon the medical annals of the Bloomingdale Asylum for the Insane.

In the entry of the case of Mr. K. in the Case Book, in August 1826, it is recorded that he "was depleted down to a state of idiotism." In the Physicians report to the Committee of Governors, at their meeting, on the 2d of September next following, the same case is mentioned, among the patients admitted, as follows. "M. K. with Dementia: a striking example of the indiscriminate and excessive employment of the lancet in mental diseases.— In this case, which was one of low, brooding melancholy, the most active bloodletting was employed, and repeated, day after day, until his physical energies were so far prostrated as to incapacitate the brain from performing functions common to brutes, and the heart almost from circulating the blood." This patient remained at the Asylum two months, and was discharged "by request," the expression used at that institution as a substitute for *unimproved*.

In April, of the same year, a woman was admitted who "had been bled to the amount of eighty or ninety ounces, which had only the effect of weakening her mind without in the least allaying the violence of the parox-

ysms, or lessening morbid strength." She remained six months and was discharged "much improved," but in January, 1834, she was readmitted, and became a permanent resident of the institution until the time of her decease, from cancer of the breast, in 1849.

In February, 1829, A. C. F. was admitted. He had been "bled from twelve to sixteen ounces, every third or fourth day, for the space of six months." After being subjected to treatment for two years, he was discharged "by request." Two months afterwards, he was brought back and remained until his decease, from typhoid-fever, in 1848.

In August, 1828, J. W. J. was admitted. He had been "bled at different times to the amount of three or four quarts." He was discharged "cured," five weeks after his reception, but was re-admitted after an absence of seven months. He was now incurable, and remained in the Asylum until his death, nine and a half years subsequent to his last admission.

December, 1828, admitted H. J. who had been treated by "copious bleeding and other depletion." Discharged one month afterwards, "demented."

December, 1832, E. J. who had been "bled copiously from both arms," died twelve days after admission.

March, 1833, E. S. C. had been treated by "copious bleeding, blistering," &c. She remained five months and was discharged "by request."

September, 1835, J. U. She had been "repeatedly bled and exceedingly reduced." Remained six months and discharged "demented."

July, 1837, C. R. "had lost sixty-four ounces of blood in a few days before her admission." After a residence of two years, she was transferred to the Alms-House, "demented."

The list of cases similar to the above might be enlarged, if necessary. To demonstrate that I have no desire to support this side of the question upon one-sided or *ex parte* evidence, it may be remarked that, throughout a period of twenty years anterior to 1844, of all the cases in which general depletion by the lancet is recorded upon the case-books of the Asylum, as having been practised prior to the admission of the patient, only *five*—with the exception of J. W. J. abovementioned, who soon returned incurable—were discharged “cured.” As the records, however, are often imperfect, such cases are not numerous.

§ 13. In the extract subjoined, we have the opinion of Dr. Macdonald, as expressed in his excellent Monograph upon Puerperal Insanity.

“*As in other varieties of insanity, venesection or general blood-letting, is, in my experience, seldom necessary, particularly in public institutions, where patients are not often sent until the more acute stage of the disease has passed by. Of the sixty-six cases which have fallen under my observation, there were only six in which venesection was used, and in all of these instances except one, blood was taken before the patient came under my care. It is true respecting this, as it is of every other remedy, that there is no specific, and that there must be some good reason besides the mere existence of puerperal insanity, for its employment,—there must exist great vascular excitement, or congestion of the brain, or some urgent symptom. In one of the cases in which the patient was bled, insanity came on about the middle period of pregnancy, and was accompanied by cephalalgia, noise in the ears, and other symptoms of cerebral congestion. In another, the patient was placed under treatment within five days after partuition, had suffered with*

cerebral disturbance long prior to this period, and had not had a natural night's rest in three months. In another case, the patient was plethoric, under great vascular excitement, and her treatment was commenced immediately after the occurrence of insanity, which was two days after labor. In a fourth case, the patient was not benefited by the practice: in a fifth case, the patient died in about a fortnight after her first attack, and was probably injured by the treatment; and in the sixth case, blood was taken from the arm a few days before, and a few days after delivery—in the first instance with relief, but in the latter with an aggravation of symptoms."

§ 14. "The symptoms in the early stages of puerperal mania are sometimes so deceptive and so simulate those of phrenitis, that practitioners are led to draw blood in large quantities. That venesection is occasionally useful, there can be no doubt. I can imagine it so even in some cases of delirium tremens, because the most judicious practitioners have found it of advantage—but in the great majority of cases of puerperal mania, it will only tend to increase the delirium and endanger life. Muttering or violent delirium, heat and tossing about of the head, contraction of the pupils, a frequent pulse, constant jactitation of the body, with movements of the limbs and a dry tongue, constitute a group of symptoms indicative of what is called, in the books, inflammation of the brain—but a species of inflammation, if inflammation it be, which may be better treated by anodynes and stimulants than by blood-letting. Abercrombie mentions a variety of inflammation of the brain, in which venesection is fatal and wine useful. Some forms of puerperal mania resemble it.

"Finally, we should bleed, not because there is a frequent pulse and violent delirium, but because there exists some good reason for so doing, as, for example, when the

patient is naturally vigorous and plethoric—has been suddenly seized, has a hard, full pulse, great heat, and has suffered cerebral congestion, prior to the development of insanity.

“Local bleeding, by cupping and leeching, is more frequently admissible than general bloodletting. Seven of the sixty-six patients that have been under my care were cupped, and four leeches. The cupping is chiefly employed to relieve congestion of the brain—the glasses being applied to the temples, and the occiput. Cupping is also performed over the sacrum, and leeches applied to the vulva and thighs, to irritate and invite the flow of the menses.

“When bloodletting is required, cupping and leeching answer the purpose in almost every case, but even these have been seldom called for in the cases which I have had to treat. Both Esquirol and Gooch consider local safer than general bleeding. Burrows inclines to the same opinion.”—*Essay on Puerperal Insanity, American Journal of Insanity, Vol. IV, pages 153 and 154.*

§ 15. “The various forms of topical depletion, with other means strictly medical, may all be occasionally required. General depletion too, may be necessary in the commencement of a case—but it has generally been amply employed before the patient reaches a hospital, and is rarely indicated afterwards. Medical men would do well to prevent the prejudices of friends from leading them to pursue *a course of treatment proper for inflammation of the brain*, but which, if long persisted in, in cases of insanity, can hardly fail to produce serious and often irreparable mischief.”—*Dr. T. S. Kirkbride, Page 31 of the Report of the Pennsylvania Hospital for the Insane, for the year 1842.*

§ 16. “I feel that I am discharging a part of my duty

towards the insane in calling attention to an error which is very extensively prevalent, and which consists in the almost invariable resort to blood-letting in all cases of insanity. All hospital experience, not only in this country but also in Europe, has proved that the loss of blood in any form of insanity, is almost uniformly attended with unpleasant effects, prolonging the period of cure, and in many cases placing the patient hopelessly beyond the reach of any benefit to be derived from subsequent treatment. Insanity is essentially a nervous disorder, and must be treated as such; and the greatest care should be taken to distinguish between that excitement which is purely nervous, and the delirium caused by inflammatory action. Where any doubt exists, the abstraction of a few ounces of blood by cups or leeches, watching the effect, will enable the physician to judge of the propriety of the course he is pursuing."—*Dr. John Curwen; page 18 of the Annual Report of the Pennsylvania State Lunatic Hospital, for the year 1852.*

§ 17. "There is one evil of so frequent occurrence, and so mischievous in its character, that we cannot, even at the risk of being deemed presumptuous, refrain longer from raising our voice against it, and calling upon physicians, throughout the commonwealth, to halt in a course which but too often aggravates, and that in a ten-fold degree, the horrors of a malady for the relief of which their interposition has been sought. It rarely happens that a patient is brought here, after having previously been under the care of a medical practitioner, in regard to whom it cannot be said that he has been '*well bled, blistered and purged.*' So indiscriminate and universal is this practice, and to such an extent is it frequently prosecuted, that it numbers amongst its *victims* those laboring under every form, degree, and duration of insanity. But those who

are most exposed to it, and in the greatest degree injured by it, are individuals afflicted with active mania. Here the practitioner rarely fails to attribute the usual consequences which result from *nervous* excitement, to inordinate *arterial* action. The incessant ravings, extreme restlessness, flushed countenance, heat of skin, excited pulse, distended blood-vessels, and almost supernatural muscular power, which in such cases are but *effects*, are, unfortunately, for want of proper discrimination, viewed as *symptoms* of the disease, and the unhappy patient is forthwith subjected to a course of *active depletion*, with *blisters*, designed to act as revulsives, which invariably increase the evils they were intended to relieve. I would by no means assert that cases never occur in which a free use of the lancet, and other depletory measures, are not absolutely required, for the reverse is the fact; but such cases are, beyond question, comparatively rare, whilst the practice complained of is, as before remarked, almost universal."—*Dr. Francis T. Stribling. Pages 31-32 of the Annual Report of the Western Lunatic Asylum, Virginia, for 1842.*

§ 18. "The asthenic character of disease, now becoming so marked in the great Western Valley, has been singularly prominent in the cases received last year. In no one was the idea of depletion entertained for an instant, by any of the medical officers of the institution; and those who had lost blood previously to their admission, proved exceedingly difficult to restore, sank into hopeless dementia, or died. It must now be considered a settled thing, that during the continuance of the present asthenic epidemic constitution, depletion is exceedingly hazardous, and commonly contra-indicated in insanity; and in the very same forms of disease in which bloodletting was formerly so freely practised, the liberal use

of stimulants is now required, tolerated, and proves eminently curative."—*Dr. S. Hanbury Smith, p. 32 of Thirtieth Annual Report of the Ohio Lunatic Asylum.*

§ 19. Bleeding quiets the patients temporarily, but the excitement returns with greater fury, and the system is less able to bear it than before. So far as I have observed the practice, bleeding does not accomplish the desired object, but the contrary; for it impoverishes the blood, reduces the strength of the patient, and thereby renders the nervous system more exciteable.**** Raving mania can be much more permanently controlled by the use of the warm bath, cold applications to the head, warm footbaths, mild cathartics, and in some cases, by nauseants."—*Dr. R. J. Patterson, page 18 of the Annual Report of the Indiana Hospital for the Insane, for 1849.*

Before his appointment to the Indiana Hospital, Dr. P. had for several years been connected, as Assistant Physician, with the Ohio State Asylum, one of the largest institutions of the kind in the United States.

§ 20. "Venesection is very rarely resorted to (by American physicians to the insane) and I am sure never to quiet the ravings of the maniac, to tranquilize the agitation of the less furious, or to bring sleep to the wakeful lunatic. Fatal, indeed, it seems to me, to the intellect if not to the body of the patient, if the mental excitement, the general indications of nervous disorder, were to be regarded as so many demands for depletory measures. I would particularly insist that no practitioner suffer himself to be misled by the degree of mental disturbance or emotional disorder, however boisterously it may be manifested, into the hope that copious and active depletion will meet the indications.**** I would recommend less loss of blood, where indicated at

all, in the case of a lunatic, than in a sane patient, other things being equal. To bleed very copiously for pure insanity, even in its acute state, can have no good effect upon the mental condition, while it expends the vital forces, which are to be taxed, in all probability, to their utmost extent, before the disease is cured, and must suffer from a loss of the vital fluid. We would not be understood as proscribing venesection in all cases of lunacy, but are of opinion that its use should be confined, as in other complaints, to meet special symptoms.

To local bleedings there cannot be the same objections urged as against venesection. It does not produce the same shock upon the system, nor so much lower the vital forces; but even this is by no means to be used merely because a man is mad."—*Dr. John R. Allen, Superintendent of the Kentucky State Lunatic Asylum, in the American Journal of Insanity, Vol. 6, pp. 274–5.*

§ 21. "It is hardly necessary to add that, while great caution is required in the use of depressing agents, inflammatory action is, in every instance, to be promptly met by the use of active and efficient depletion, both topical and general, commensurate with the severity of the case. The most intense nervous excitement, however, which is sometimes mistaken for cerebral inflammation, can never require this treatment. It is in view of errors of this sort that the general practitioner is recommended to guard against depletion and its too often disastrous consequences.—*Dr. E. K. Hunt, in notes appended to the translation of Esquirol's Maladies Mentales. Vide p. 89.*

In lypemania, or melancholia, "it may be proper to remark that drastic purgatives are very rarely requisite, and general bloodletting still less so;* while, to obviate local congestion, topical depletion may sometimes be proper."—*Ibid, p. 233.*

* The author evidently means *more so*; i. e., *more rarely requisite.*

§ 22. We now come to British authorities. A few years ago, the English Commissioners in Lunacy addressed, to the various physicians having charge of asylums within their jurisdiction, a series of questions in regard to the treatment pursued by them. The answers are appended to the Report of the Commissioners, for 1846. Although they are given in a general or summary manner, they are sufficiently definite, for the most part, in reference to the subject of bleeding, to answer our purpose. I propose to quote these authorities, generally in their own words, beginning with the physicians to the large metropolitan hospitals, St. Luke's and Bethlem.

“Dr. Sutherland never employs general bleedings, because, after the acute stage has passed, great prostration of strength follows, and the state of the body, exhausted by frequent paroxysms, is much the worse for the loss of blood. He has known death from exhaustion, and dementia caused by bleeding. He considers the violent paroxysms of the acute stage as depending not on inflammation, but on irritation. He thinks the arterial congestion which is found in such cases, *post mortem*, the result not of inflammation but of irritation; an effort to repair the mischief sustained in some cases, and in others the effect of anæmia, which venesection would aggravate. Leeches should be applied with caution; the good results which follow are frequently only temporary. They certainly relieve the congested state of the vessels, and are useful when hyperæmia is present. They are, however, chiefly useful when locally applied, in nymphomania and at the critical period.”—*Dr. Sutherland, of St. Luke's Hospital.*

§ 23. “Bloodletting is never resorted to except in cases of apoplexy and phrenitis.” *Dr. Monro and Sir Alexander Morison, of the Royal Hospital of Bethlem.*

From the report of the Commissioners, it would appear that they consider the authority of Dr. Sutherland as second to none. Sir Alexander Morison has for many years been well known in Europe and America, by his works upon insanity. I now proceed to the county asylums.

§ 24. "I am convinced that great blood letting is rarely admissible, and generally dangerous, in insanity; and that local bleeding, by leeches, is safe and serviceable in most cases."—*Dr. Conolly, of the Middlesex County Asylum, at Hanwell.*

"General bloodletting is scarcely ever resorted to, and topical only very rarely."—*Samuel Gaskell, F. R. C. S., of the Lancaster County Asylum.*

§ 25 "Venesection never employed. Leeches to the temples, cold water, or evaporating lotions applied to the head."—*Dr. Corsellis, of the Asylum for the West Riding of Yorkshire.*

§ 26 "General bloodletting is a very rare occurrence indeed with me, and I very seldom adopt local bleeding. I have recourse to the former remedy only in cases where there are evident signs of acute inflammation of the brain or its membranes, and to the latter, where there are symptoms of congestion of the brain, with vascular excitement."—*Mr. Holland, of the Surrey County Asylum.*

"Topical bloodletting by cupping or by leeches. General bloodletting has not been employed."—*Sir Alexander Morrison, also of the Surrey Asylum.*

§ 27 "Bleeding will not cure mania. It will generally aggravate instead of alleviate the symptoms, for the loss of blood induces restlessness, and exhausts that strength which ought to be supported. The state of the pulse may be taken as a good criterion here, for it rarely, if ever, has that hard and incompressible beat which accompanies inflammation. Topical bleeding, by

means of cupping or leeches, to relieve local congestion, may, however, in certain habits, be often resorted to with advantage, whilst, in all, due attention should be paid to the stomach and bowels."—*Mr. Poynder, Kent County Asylum.*

§ 28 "Local depletions and counter-irritants, viz., cupping, setons, leeching, &c., if there should appear, on examination, enough of the physical signs of congestion within the head to impute thereto either the causing or maintaining of the maniacal condition."—*Dr. Huxley, lately appointed Superintendent of the Kent Asylum.*

§ 29. "The views which I have taken of insanity, and successfully adopted for nearly thirty years, precludes recourse to any depletive measures, either by bleedings or antimonials. General bleeding, previous to admission has confirmed many of our cases, and on post mortem examinations of others, who have died where it was known to have been employed, the appearances were rather the result of cerebral irritation than inflammatory action; or of sanguineous infiltration, rather than inflammatory softening of substance."—*Dr. Kirkman, Suffolk County Asylum.*

§ 30. "The remedies used in cases of mania are local abstractions of blood, by leeching or cupping, from the forehead, behind the ears, or the nape of the neck, cold applications, &c."—*Dr. Button, Dorset County Asylum.*

§ 31 "Dr. Oliver has never prescribed general bleeding in acute mania, and cannot undertake to say what would be the result of such practice. He has seen some benefit arising from bleeding by means of leeches applied to the scalp, and considers that measure advisable in cases the symptoms of which indicate much congestion in the vessels of the brain."—*Dr. Oliver, Salop County Asylum.*

§ 32. "General bloodletting I never use, and cannot therefore give an opinion upon (it.) Local bloodletting I use frequently, by leeches to the groin, temples, or neck, or by cupping the nape of the neck."—*Dr. Bucknill, Devon County Asylum.*

§ 33. "The local abstraction of blood, counter-irritants, &c. *** In cases of acute mania I have seldom found depletion advisable; it is too often the consequence of positive weakness and functional disorder, and is invariably aggravated by the antiphlogistic treatment."—*Mr. Prosser, Leicester County Asylum.*

§ 34. In many instances the patient, when brought to the Asylum, is in so prostrate a condition, either from exhaustion produced by the disorder itself, from having refused food, or from the extent to which bleeding, purgatives, and low diet have been carried, that the course of treatment is at once clear; and good, nourishing diet, stimulants and tonics often restore the patient, unless, as is too frequently the case, the symptoms of sinking have already set in.

"The injurious effect of active medical treatment in cases of mania, and the tendency there is to exhaustion and sinking, is so fully established, that the general practice in this Asylum is chiefly directed to supporting the vital powers, subduing the cerebral irritation, and correcting the existing physical derangement, not by any peculiar or specific mode of treatment, but upon general principles.

"In pure cases of mania, however great the excitement may be, general bleeding is never employed. The cerebral irritation is often materially relieved, and every advantage gained, by local bleeding, without materially depressing the patient's strength. For this purpose, leeches to the temples, or behind the ears, and cupping

on the same parts, or on the nape of the neck, are the means usually employed, due regard being had, even in using these, to the amount of vascular action, and condition of the patient.”—*Mr. James Wilkes, Stafford County Asylum.*

§ 35. Dr. Powell, of the Nottingham County Asylum, gives the following brief synopsis of his treatment. “Seclusion, subdued light, cold to the head, warm baths, mild aperients, opiates, generous, easily-digested diet, temperature about fifty-eight or sixty. In relaxed or feeble habits, direct and diffusible stimulants, such as ether, camphor, musk, opium, wine, ale and porter.” It will be perceived that this *multum in parvo* makes no allusion to bleeding, either general or local. Hence it may be inferred that it is never prescribed, or so rarely as not to be considered among the usual means of treatment.

§ 36. “General bloodletting has been rarely practised, but sometimes with great efficacy, viz; in plethoric states threatening apoplexy, or in a congested state of the heart and great blood-vessels. Local depletion from the head and nape, in congestive or subinflammatory states of the encephalon, and from the thighs in amenorrhoea, has been found effective, but in some cases of threatened general paralysis the blood drawn by cupping has been found thin and deficient in fibrine.”—*Dr. Tyerman, Cornwall County Asylum.*

§ 37. The practice of Dr. Hitch, of the Gloucester County Asylum is not contained in the Appendix, from which the foregoing authorities are extracted, but is thus quoted by Mr. Farr, in his work on the Statistics of English Lunatic Asylums. “The use of the lancet, leeches, cupping-glasses, blisters, drastic purgatives; the prac-

tice of shaving the head are totally proscribed."

§ 38. From physicians to Military and other Hospitals. "In cases of mania, general bloodletting is very rarely advisable, but during the early stages, and when of a recurrent form, topical bleeding by leeches to the temples, &c."—*Dr. Anderson, Haslar Military Hospital.*

§ 39. "In acute mania, local bloodletting chiefly by cupping-glasses, warm baths." &c.—*Dr. Sillery, Military Asylum at Yarmouth.*

§ 40. "With increased circulation in the brain and its membranes, pulse hard and rapid, tongue dry and parched, skin hot and burning, cautious venesection, leeches to the temples," &c.—*Dr. R. Davis, Bristol Pauper Asylum.*

§ 41. The next series of authorities are from public institutions, sustained either wholly or in part by charitable contributions.

"Severe antiphlogistic measures ought seldom to be resorted to, and I have nearly always found that where general bleeding has been practised, before admission, cases have assumed a less favorable aspect than might otherwise have been anticipated. This measure I have never thought it prudent to resort to. In the more recent cases, attended by symptoms of cerebral determination or congestion, I very commonly have recourse to bleeding from the head with leeches or by cupping, generally the former, and usually with marked advantage."—*Dr. Thurnam, Friends' Retreat, near York.*

§ 42. "I hold insanity, in all its forms, as we meet with it in hospitals, to be a disease of debility and seldom admitting of depletion. General bleeding can hardly ever be admissible, except for some accidental disease, and then it should be sparingly used. Topical bleeding

might occasionally be beneficial, but I have not, for many years, used either.”—*Dr. Wintle, Warneford Hospital, Oxford.*

§ 43. “In recent and in young subjects the daily use of the shower-bath, purgatives, with hen-bane at night moderately, nutritious diet, with air, exercise and occupation, avoiding all general and local depletion. *** There appears to be, in the disease itself, something so analagous to debility, as to call for all our aid to sustain the system against it, and this is most effectually done by food, in the liquid form, beer, porter, or even wine, and in the solid, by animal food.”—*Dr. Nesbitt, Northampton Asylum.*

§ 44. “Where tendency to local inflammation is shown, leeches. General bleeding has rarely or never been resorted to, and the experience of its employment, derived from those cases admitted after it had been freely practised, shows it to be evidently injurious, by breaking down the constitution, and conducing towards an uncontrollable mania, very apt to settle down into dementia.”—*Drs. Miller and Shafter, St. Thomas’ Hospital, Exeter.*

§ 45. “Leeches to the temples, cold water or evaporating lotions to the scalp,” &c.—*Dr. Metcalfe, York Lunatic Hospital.*

§ 46. Mr. Padley, of the Liverpool Asylum, describes his treatment with considerable minuteness, but makes no allusion to bleeding, either general or local, excepting in reference to its effects as practised before admission. “The patient,” says he, “being pale, emaciated and enfeebled from previous loss of blood, or other causes, though still excited,—a generous diet, tonics, and sometimes even stimuli in moderate quantity.”

§ 47. The following authorities are from the proprietors, physicians, or surgeons of private establishments.

“In some, the loss of a few ounces of blood from the temples and the nape of the neck, is attended with advantage; in others, it would be decidedly prejudicial.—Leeches to the pudenda are serviceable where, as is frequently the case in acute mania in women, the menstrual function is suspended.”—*Mr. Iles, Fairford Asylum.*

§ 48. “If the case were recent, and showed inflammatory symptoms, I should use cupping at the nape of the neck. Bloodletting I would very seldom employ, generally, but very much good I have frequently seen produced by the local application of the cupping-glasses, and especially of leeches in the nostrils, &c. However, blood-letting of any sort, I consider to be injurious generally, in all chronic cases.”—*Mr. Casson, Hull and East Riding Retreat.*

§ 49. “General blood-letting is seldom or never necessary in cases of insanity. The most mischievous results have followed its use in the more violent forms of mania. I have known an instance where perseverance in a course of depleting treatment ended in the death of the patient on the sixth day, without any appearance of amendment or remission of the violence in the mean time. Local depletion, by leeches or cupping the nape of the neck, is not liable to the same objections, and may probably be used in many cases with benefit, although my predecessors have very rarely had recourse to such means. I have, however, held the opinion, and my father, who preceded me and had an experience of upwards of thirty years’ practice, held the same, that insanity is a nervous rather than an inflammatory affection, depending usually upon disorder of the general health, and more especially upon a disordered state of the stomach and bowels, and organs of digestion.”—*Dr. Bakewell, Oulton House Asylum.*

§ 50. "I never employ general bloodletting as a remedy. Topical bleeding I have found occasionally useful."—*Mr. Mallam, at Hook Norton.*

§ 51. "Bloodletting, both general and local, has been practised in some instances, with good effect, more especially in recent cases, where the state of the circulation has appeared either to indicate or admit its adoption. In plethoric habits, and in all cases in which we have met with high arterial action, venesection to a greater or less extent has been prescribed. In other cases cupping or leeches have been substituted. As a class, however, our patients neither require nor admit depletion."—*Dr. T. B. Bryan, of Sir Jonathan Miles' Asylum, Hoxton House.*

§ 52. "I commonly abstain, unless impelled by some apparent, unavoidable necessity, very carefully from general bloodletting, under a conviction that the lancet is always to be feared in cases of insanity. If I bleed from the general system, I always choose the temporal artery; and I have found, both in the asylum and private practice, great benefit occasionally from the operation, in cases of high excitement, but I do not resort to it frequently."—*Mr. Smith, Hadham Palace Asylum.*

§ 53. "In cases of acute mania, or nervous excitement, arterial action, such as would indicate an inflammatory condition of the brain, is absent, the pulse is rapid and small, easily compressible. Bloodletting, either general or topical, is decidedly injurious."—*Mr. Phillips, Bethnal House.*

§ 54. "In the acute form, sometimes bloodletting, general and local; its employment and the quantity abstracted being regulated by a consideration of the patient's age, previous habits, and constitution."—*Dr. Robinson, Bensham Asylum.*

§ 55. "The strong, healthy, plethoric person, whose conduct, when admitted, is violent, and excitement great, becomes benefitted, in some cases, by general or topical bleeding. * * * Good plain food, the cautious use of wine and other stimulants, and malt liquors, is the *usual* practice in acute mania."—*Mr. Beverly, Whitmore House.*

§ 56. Dr. T. O. Prichard, of the Abington Abbey Retreat, under the impression that mental disease is generally connected with constitutional debility, has been in the habit of trusting the cure, in a great measure, to various tonic remedies, generous diet, with wine and cordials. "In recent cases," he observes, "where the reaction is excessive, and there is great vigilance, with heat of the scalp, I would use cold applications; and if I had reason to fear the existence of much passive congestion of the capillary vessels of the membranes of the brain, and noticed it to exist in those of the conjunctiva, I would apply leeches."

§ 57. "Topical bleeding, leeches, and sometimes cupping."—*Dr. W. Finch, Laverstock Asylum.*

§ 58. "Topical bleeding, followed by the shower-bath, &c."—*Mr. Simpson, Grove Place.*

§ 59. "If the head appears congested, topical bleeding is employed, and sometimes dry cupping. General bleeding is seldom used here, except where there is very decided determination of blood."—*Dr. Mackintosh, Newcastle-upon-Tyne Asylum.*

§ 60. "Leeches to the temples, &c. I am of opinion that general blood-letting is scarcely admissible in any form of disease affecting the insane."—*Mr. Atkins, Grove House Asylum.*

§ 61. "Bloodletting is much more cautiously resorted to than formerly, and, when its necessity is indicated, is generally effected by leeches, or cupping. Where con-

gestion is present it relieves, and is attended with benefit; but, indiscriminately employed, is of great injury, often producing prostration, from which there is great difficulty in recovering a patient."—*Mr. Gillett, Fairwater Asylum.*

§ 62. "I have found occasional topical bloodletting, by cupping or leeches, to relieve the congestion of the brain. I never bleed from the general system, except in cases of inflammation, irrespective of the mental disorder."—*Dr. Gilliland, Hereford Asylum.*

§ 63. "Cautious abstraction of blood, by local means, resorting but very rarely to general depletion."—*Dr. W. C. Finch, Fisherton Asylum.*

§ 64. "When it (insanity) arises from phrenitis it requires bleeding, cupping, leeches, mercury, &c. * * * * I very seldom bleed or deplete beyond purging, and, in the majority of cases, give tonics."—*Mr. Harris, Springfield Asylum.*

§ 65. "In some cases, light, local abstraction of blood."—*Mr. Bush, Retreat at Clapham.*

§ 66. "General bloodletting is only resorted to by us in those cases of mania in which the physical condition of the patient induces the apprehension of apoplexy, and never for the purpose of quieting a paroxysm of excitement. Previously to admission, most of our patients have been under medical treatment, and we have often had reason to suspect that the general bloodletting to which they have been subjected has been detrimental, and that it has, in some cases, induced permanent fatuity. We have found bloodletting useful in some cases of melancholia. In most forms of insanity, we find benefit derived by the local abstraction of blood from the head or nape

of the neck;—in some cases, by the application of leeches to the pit of the stomach, and, in females, to the groin.”

—*Drs. F. and C. Fox, Brislington House.*

§ 67. “Bloodletting; 1st. General. This I very seldom, if ever, have recourse to in acute cases, my experience being decidedly against its use. The depression following even its moderate employment, is frequently so great that the patient never rallies. 2nd. Topical. This, however, I consider a most valuable remedy, either by means of leeching or cupping. The former I generally employ, and apply to the head when much heat of scalp exists, or pain is complained of, or the patient has been subject to epistaxis; to the groin in suppression of hemorrhoids, and near the vulva in suppression of the catamenia.”—*Mr. Hill, Peckham House.*

§ 68. “The effect of bleeding, as a sedative or remedial agent, I have not had a fair opportunity of testing, though my impression is not favorable towards it; for the class of patients usually brought here, even in acute mania, are those who are generally suffering from debility, or in a state approximating that condition of body observable in delirium tremens, where bleeding is evidently injurious, and opiates and sedatives of the greatest advantage. I think, however, in plethoric and recent cases, when the powers of life are high, that general bleeding might be employed, to a certain extent, with a good effect; but, as a rule in almost all cases, leeches and cupping are to be preferred.”—*Mr. Paul, Camberwell House.*

§ 69. “As a general rule, the insane are not found to bear antiphlogistic measures as well as others. Bloodletting, in the form of leeches or cupping, is frequently had recourse to with benefit, in cases of either general or partial mania. When heat of scalp, or determination of blood continues, after the employment of purgatives, &c.,

the majority of recent cases require this remedy. General bloodletting is but rarely required, and has only been practised in cases of general plethora, accompanied with hemiplegia or epilepsy, or threatening apoplexy, or paralysis.'—*Dr. Palmer, Grove Hall, Bow.*

§ 70. Dr. Willis, of Shillingthorpe House, grandson of the former physician of that name, who was distinguished as a practitioner in mental maladies, pursues a tonic plan in the treatment of mania. He does not allude to the abstraction of blood, in any way. "In corroboration of the efficacy of the tonic plan of treatment," he remarks, "where excitement is predominant, the late Mr. Warburton told me that, previous to his acquaintance with my family, bleedings and antimonials was the practice in use in his establishment, and that many patients died; but, that after Dr. Willis visited it professionally, similar cases recovered more quickly than others."

§ 71. The medical officers of fifty-two asylums describe their treatment of melancholia. Only thirteen of them mention the abstraction of blood. Their remarks upon the subject are comprised in the extracts subjoined.

"Leeches behind the ears or to the forehead give relief in some cases."—*Dr. Conolly, Hanwell.*

"When there is headache and symptoms of fulness in the head, the application of leeches is of service."—*Mr. James Wilkes, Stafford County Asylum.*

"In young women with suppression of the menses, I order leeches to the vulva, &c.—*Dr. Bucknill, Devon County Asylum.*

"When cerebral lesion is presumed to exist, local depletion."—*Dr. Tyerman, Cornwall County Asylum.*

"Moderate local depletion by leeches or cupping."—*Dr. Button, Dorset Co. Asylum.*

"In the earlier stages, bleeding from the head by leeches or cupping, is often necessary."—*Dr. Thurnam, Retreat near York.*

"Where the pulse is slow and labored, with heat of head, I use cupping at the nape of the neck."—*Dr. Casson, Hull and East Riding Asylum.*

"Bloodletting was practised in one instance with good result."—*Dr. T. B. Bryan, Hoxton House.*

"Topical Bleeding and occasional drains in cases of suppressed discharges."—*Dr. W. Finch, Laverstock House.*

"Relieve the head from pain and fullness by leeches and blisters."—*Mr. Atkins, Grove House.*

"The local and sometimes general abstraction of blood."—*Dr. W. C. Finch, Fisherton Asylum.*

"Melancholia, as an idiopathic disease, is the only form of insanity in which general bleeding has appeared to us to be useful; in such cases we often open the vena saphena."—*Drs. F. and C. Fox, Brislington House.*

"If there be much heat of scalp, or pains referred to the head, leeches to the temples or behind the ears. If the catamenia be suppressed, leeches near the vulva."—*Mr. Hill, Peckham House.*

§ 72. We now come to other English authorities.

"Severe antiphlogistic or reducing measures are seldom resorted to. It has been found that where venesection and other means of the same kind have been carried to a great extent before admission, the recovery has been more tedious, and, perhaps, in some cases prevented. In cases, however, of various forms in the recent stage, the cautious employment of local bleeding either by leeches or cupping, the use of brisk purgatives and aperients, of evaporating lotions to the head and stimulating pediluvia,

followed sometimes by blisters to the nape, has been very frequently attended by decided advantage.”—*Samuel Tuke, Page 59, of “The Statistics of the Retreat; &c., from its establishment in 1796, to 1840.”*

“From the history of patients brought under care at an early period, it was evident that the reducing system had been extensively used; low diet, as well as active depletory means, had generally been resorted to. To the abandonment of this system must, we believe, be attributed, in no inconsiderable degree, the mental recovery of many patients, as well as the preservation of life, and the increase of its comfort.”—*Ibid, Page 34 of the “Review of the Early History of the Retreat near York.” York, 1846.*

§ 73. “In the early stage, particularly if the person be young and of robust habit, there will occasionally be found increased vascular action of the brain; and where we are satisfied that such exists, both general and local bleeding may be beneficial. I have seen much benefit result from this mode of treatment; but we cannot exercise too much caution in recommending the adoption of active depletion in cases of this kind, for I have witnessed the most lamentable effects result from this practice. As a general rule, in these cases, we have excitement without power—the brain, pathologically considered, being in a condition resembling that of delirium tremens. Should insanity manifest itself in a person young in life, with a plethoric constitution, or in women suffering from the suppression of some accustomed discharge, and should there be both local and general indications of considerable vascular action going on in the brain, accompanied by great pain of the head—throbbing of the carotids, quick pulse, intolerance of light, dry, hot skin, the vessels of the conjunctiva injected, the pupil contracted, then the antiphlogistic treatment is absolutely required. These are

symptomatic of active disease going on in the brain, requiring active treatment for its removal. But we cannot be too guarded in our use of depletion.

“When the insanity is the effect of long-continued grief, accompanied by sleeplessness, mental anxiety, religious despondency; and is connected with physical disease of the abdominal viscera, or chronic indigestion, the patient will not bear active treatment. When the pulse is small and rapid, with extreme paleness of the countenance, indicating the presence of exhaustion, whatever may be the degree of maniacal violence, bleeding should never be resorted to. In such cases the functions of the brain are increased in force, while the circulation is depressed.

“Should bleeding be necessary, it ought to be followed by an opiate. I have seen the disposition to suicide entirely removed by the exhibition of a full dose of Morphia. Again, I have witnessed the same result from the local abstraction of blood from the head.”—*Dr. Forbes Winslow; page 21 of Essay on the Incubation of Insanity.*

§ 74. “If the patient has been exposed to causes sufficient to produce inflammation of the brain, and if redness of the countenance, injection of the conjunctiva, and heat of skin, very early in the disease, point out increased vascular action, with increased power, antiphlogistic remedies, with bloodletting, principally from the jugular vein, are to be employed.” After relating a case in point, he adds “This case is only, however, an example of a few, where the mental disease is going on in consequence of increased vascular action. In the great majority of cases the functions of the brain, in mental derangement, are increased in force, while the circulation is depressed, extremely quick and feeble, and the action of the heart gives way at the smallest abstraction of blood; and yet these are often attended with raving delirium, great in-

crease of muscular force, and are, in fact, what are termed *high cases*. The consequence of such practice, is either the more frequent *returns* of the high stage, or the patient sinks into one approaching idiocy."—*E. J. Seymour, M. D.* page 65 of "*Observations on the Medical Treatment of Insanity.*" *Croonian Lectures before the College of Physicians, London, 1831.*

§ 75. Dr. Seymour also gives, (p. 68,) a statement, in their own language, of the practice of Messrs. Beverley and Philips, at Mr. Warburton's Asylum, Bethnal Green, which contained four hundred patients. It is as follows.

"The number of patients admitted with vascular excitement, requiring bloodletting, are very few indeed. We seldom or never use the lancet in cases of excitement, if there is no evident effect upon the brain from increased arterial action, so as to lead us to fear an approaching attack of apoplexy or paralysis. The reason we do not use the lancet in cases without any such symptoms existing of disease going on in the brain, is, that we have done so in several instances, and the result was not favorable. The patient became reduced from the loss of blood, and the excitement was not abated. The powers of the constitution gave way, the tongue became typhoid, and the patient sank into a state of collapse, and died." To this, Dr. Seymour appends the following remark "As the result, then, of experience in cases of excitement, I presume that these arise from increased nervous energy, not depending on increased action of the heart and arteries, but on increased sensibility of the brain itself, and that bloodletting is not found useful."

§ 76. "Following example rather than experience, I tried bloodletting for several years ; but discovering my error, I became more cautious; and, I believe that I have scarcely ordered venesection in six cases of simple ma-

nia or melancholia in as many years. My conclusion is, that since I have changed my practice more have recovered, and certainly the cases have been less tedious and intractable.

“Three disordered conditions in the circulating system exist in mental derangement. 1st, There may be too great a quantity of blood flowing to the brain at the expense of other parts, which suffer a diminution of it, thus producing a real determination. 2d, There may be an excessive momentum in the vascular system, indicative rather of morbid action than of excess in quantity. And 3d, There may be a deficiency in quantity, by which sufficient blood is not propelled to the brain to give the intellectual organs their wonted energy. I may add that mania, like gout, may be occasioned by a spontaneous effort to relieve general plethora, or to rectify a defective balance in the circulation.

“Now, it must be evident, that large abstractions of blood from the system in any of the three conditions can never correct the error in the circulation. * * * * It is only where a real state of plethora exists, or apoplexy is pending, that general bloodletting in mental derangement can, in my opinion, be justified. * * * In no malady that affects the human body, is the fallability of this criterion (the pulse,) so conspicuous as in insanity. Drs. Cox, Parry, Mayo, and others attest the disproportion between the stroke of the carotid and radial pulse in cases of insanity. The former may be strong and vibrating, while the latter is frequent, small and oppressed.” After arguing against the existence of fever or inflammation, he says “I conclude therefore, that venesection cannot be justified in any case of pure insanity, whether upon the principle of febrile or inflammatory action accompanying it, or of local determination.”

§ 77. "Ferrier and others have remarked how suddenly the strength of lunatics gives way on general bleeding; my experience confirms this fact. Unhappily, mere raving madness, which always requires support and nourishment, is often mistaken for the furious delirium of physical excitation, which admits of depletion: hence, frequently, the sudden prostration of lunatics after general bleeding. *But the same effect most unaccountably often follows where the symptoms seem to justify bleeding.*

"I own that I regret the sweeping condemnation both of the lancet and cupping in mental derangement which Dr. F. Willis inculcates; because it is possible that the one may be required, and I am sure that the other, or leeching, can seldom be dispensed with in any recent case.

"In every case of recent insanity which I have seen, local abstraction of blood from the head itself, or contiguous, as the nape of the neck, or between the shoulders, has been indicated. The mode has been by cupping, or by leeches. Cupping on the occiput is to be preferred. Celsus says this lessens the malady, and brings on sleep. * * * The quantity of blood to be taken away must be regulated by circumstances. * * * Patients are often so sensible of the relief of topical bleeding, that they will frequently solicit it as a boon."—*P. 583 et seq. of "Commentaries on the Causes, Forms, Symptoms, and Treatment, Moral and Medical, of Insanity."* By George Man Burrows, M. D.

§ 78. Mischievous and fatal results constantly arise in practice from want of attention to the cause of the increased circulation, particularly in cases of mania. Very copious evacuations and profuse bleedings from the system are resorted to, and after the animal strength of the patient is exhausted, he becomes quiet, but the men-

tal delusion still remains. Supposing the cause of the disease to be a permanent one, such as any moral cause, the brain, or a portion of it, continues to be unduly exercised, and to obtain from the system more than its due share of the blood, which the lancet has left. But when the loss of blood has been excessive, the vital power, in numerous instances is never recovered, and the patient either dies or sinks into a state of fatuity. Unfortunately, many of the patients received into public hospitals, as recent cases, have undergone this exhausting process.”—*Sir W. C. Ellis, M. D., pp. 149–50, of a “Treatise on the Nature, Symptoms, Causes and Treatment of Insanity.”*

In cases caused by *coup desoleil*, he recommends “copious bleeding from the temporal artery;” and in those which originate in prolonged intoxication, similar treatment, if the patient be strong and his system undebilitated by habitual inebriety. He then continues, as follows:

“In the treatment of insanity arising from physical injuries, it has been seen that very large bleedings and copious evacuations are frequently of great use; but this is not the case in insanity from moral causes. In these cases, although there exists an excess of blood in the brain, yet, as this arises from the brain, or some part of it being constantly over-excited, and therefore receiving more than its due share of blood from the system, the withdrawing any portion from the system generally will not alter the proportion which the brain will appropriate to itself, during the continuance of the exciting cause. But, in consequence of this extra exertion of the brain, the constitution needs all its vital energy for its support. In the treatment, then, of insanity arising from moral causes, no greater quantity of blood ought to be abstracted, than that which will be sufficient so to reduce the inflammatory action in the brain, as from time to time to

relieve the vessels and prevent the coming on of diseased organization; and, of course, the more directly the blood is taken from the diseased part, the less it will be requisite to abstract. * * * The head should be shaved, and the parts of the scalp under which it is probable the excess of circulation is taking place, should be repeatedly bled with leeches, or cupped, a small quantity of blood only being abstracted at each time of bleeding."

"There are cases in which the sanguineous circulation is so excessive as to make it requisite to abstract blood from the system by the lancet, as well as from the scalp by leeches."

"It may be taken as a principle, that a person insane from moral causes is one who can not, without injury to the constitution, bear depletion; and the lancet must be used with great caution, even in the plethoric, and in those who are apparently the strongest. The local bleedings with leeches may be repeated as often as it is judged that the vessels require relief."

§ 79. All our experience has led us to conclusions precisely similar to those of M. Esquirol. In the youthful and obviously plethoric, and in the first periods of the attack, general bloodletting may be adventured on cautiously; unless, indeed, the symptoms approximate to, or prove identical with, those of phrenitis, when, indeed, copious venesection becomes indispensable to subdue action so violent in itself as immediately to threaten the patient's life.

"At later periods of the disease we have never known general bloodletting to do any thing but harm; and we are of opinion that even topical bleeding may, in the vast majority of cases, be advantageously dispensed with. There are others again, in which, even at the beginning, it is productive of unmingled mischief—where mania or

melancholia that was in all human probability perfectly within the reach of art, is changed into incurable fatuity or hopeless idiotcy." These are persons of delicate health and constitution, of nervous or sanguineo-nervous temperaments, who have been subjected to depressing influences prior to the invasion of insanity.—*William B. Neville, M. D.*, pp. 163-4, of a treatise "*On Insanity, its Nature, Causes and Cure.*" London, 1837.

§ 50. "Act upon the pathological system by drugs, bleeding, or counter-irritation, according to sound principles of medical practice. Do not assume that, because you have perverted cerebral function, you have to deal with inflammation."—*Daniel Noble, F. R. C. S., Medical Officer of the Clifton Hall Retreat*, in "*Elements of Psychological Medicine.*" London, 1853.

The same author, in treating of cases caused by violent injury to the head—the only ones in which he appears to admit the propriety of bloodletting, makes the following remarks in regard to them, after the fever and heat of scalp have disappeared, and the appetite and digestion returned—but the insanity still persisting.

"I have no hesitation in saying that, unless there be some very unusual plethora, or local congestion, more harm than good will be done by further depletion. Local bloodletting, in the beginning of such cases, is generally highly useful; but afterwards, when a settled derangement seems established, nothing but mischief can follow its use, unless there be some special reason for it. It is very rarely right, indeed, to deplete in insanity, particularly by opening a vein. Maniacs have been interrogated, during their convalescence, concerning their own experience after general bloodletting, and the replies have been something after this fashion. 'It was after being bled that I ceased to know what I did, and what

was going on about me; it was after losing blood that I went right out of my mind.' The emotion of sensibility almost always becomes painfully exalted after blood-letting; the face is blanched, the pulse small, and the pupils somewhat dilated.

"It is a great mistake to assume that, because the delirium continues, inflammation is its necessary or even its probable cause. It can not be repeated too often, that the highest excitement may characterise the cerebral acts, without there being so much as irritation of the brain, in a physical sense. A state of debility even may bring about these phenomena.

"Mental maladies, altogether, are very analagous to ordinary nervous ailments, as regards their duration, their seeming spontaneity in many instances, the absence of inflammation, and the bad effects of debilitating treatment. * * * We have mental aberration in delirium tremens, and also in certain forms of hysteria, yet we do not bleed in those circumstances; opium and stimulants are rather administered."—*P. 273 et. seq.*

§ 81. "Since in most cases of mental disease there exist symptoms of high excitement; the use of the lancet would seem generally indicated; but unless there be obvious plethora, or evident determination and congestion about the head, bleeding may increase rather than diminish the disease. When this evacuation is determined on, it may be effected either by leeches, cupping, venesection in the foot, arm, or neck, or by arteriotomy."—*Joseph Mason Cox, M. D., p. 89 of "Practical Observations on Insanity." London, 1804.*

§ 82. Bleeding to any great extent does not often seem to be desirable, and, except in recent cases, does not even appear to be admissible. Unless, therefore, in young persons, where the pulse stands at from 96 to 100;

with a white tongue, hot skin, and suffused eye, it should not be resorted to. When these appearances are present, it will undoubtedly be found expedient, if not essential to the safety of the patient. But the great tendency in all cases of insanity to change their type and form, the great inequality of the circulation and the subsequent torpor even of the arterial action, accompanied at times with excessive debility in the most acute cases, would establish the propriety of looking carefully for the unequivocal appearances which would alone give a sanction to it as an anti-maniacal remedy."—*William S. Hallaran, M. D.*, pp 50–51 of "*Observations on the Cure of Insanity*" London, 1810.

He remarks that he never saw any benefit from venesection, and therefore he generally bled from the temporal artery.

§ 53. "Bleeding, at least general bloodletting, is scarcely ever necessary in the treatment of the insane. The collapse that follows depletion is frequently not only alarming, but fatal. In insanity, the excitement is so transient that the pulse cannot be considered a sufficient guide to direct our practice. However, when the subject is plethoric, and there is an evident increased impetus in the cerebral vessels, moderate bloodletting may be resorted to with good effect.

"Local bleeding, by leeches or cupping, will be found more advisable. The blood should be drawn from the temple and the back of the neck. Leeches should be applied repeatedly, and in small numbers, and their effect aided by warm fomentations."

"Leeches should be applied, in cases of suppressed habitual epistaxis, to the temple and nostrils; in cases of irregular menstruation, to the labia pudendi; and in those

of suppressed hemorrhoidal discharge, to the margin of the anus.

“ In the delirium that follows intoxication, which has not unfrequently been considered maniacal, bleeding is not only objectionable, but most dangerous—patients having been known to sink into a fatal collapse immediately after venesection. Bloodletting is equally objectionable in the delirium following wounds, which has also been considered as an attack of mania.

“ When cerebral determination is evident, we should be careful, ere we proceed to bleeding, to ascertain the state of the circulation. The carotid artery may be found to pulsate with apparent strength and fullness, but if it is easily compressible, and the radial artery is feeble in its pulsation, general bloodletting is not admissible. When pressure on the jugular vein produces a sense of heaviness in the head, with pain, but these symptoms cease the moment the pressure is suspended, bleeding is dangerous. When the extremities are cold, the skin clammy, the tongue furred, cold and tremulous, with tremor of the limbs, and rigor, notwithstanding the symptoms of cerebral congestion, general bleeding is dangerous.

“ In puerperal madness, general bloodletting is not advisable. Mania will not unfrequently assume the character of dementia and fatuity, after imprudent bleeding.”
—“ *S. G. Millingen, M. D., formerly Superintendent of the Hanwell Asylum, pp. 114-116 of “Aphorisms on the Treatment and Management of the Insane.” London 1840.*

In a note, page 117, Dr. Millingen says, “ When I was a pupil in the Hotel Dieu, the practice in the insane ward was particularly unsuccessful, and the physician, Bosquillon, was a strenuous advocate of bleeding.”

§ 84. “ Remedies which have a powerful tendency to

weaken the body are sometimes, I fear, in the worst cases of delirium, unskillfully resorted to. Whether the patient be old or young, strong or weak, whether laboring under the high state (mania,) or low state (melancholia,) of this disorder, it is deemed a case for the lancet, or for cupping, and erroneously, I am persuaded, blood is copiously drawn from the patient. The advice of some authors concerning these measures betrays much inconsistency. While they extol bloodletting as most beneficial in the cure, nay even as essential to the safety of the patient, they at the same time very forcibly demonstrate its impropriety and mischievous tendency; they shew, in fact, that the nature of the complaint forbids its use."—*Francis Willis, M. D., F. R. C. P., pp. 90-91 of "A Treatise on Mental Derangement." Gulstonian Lectures for 1822. London, 1823.*

§ 85. "I have had many occasions to lament the use of the lancet by inexperienced physicians. I fully agree with Dr. F. Willis in his observations on this practice, and earnestly recommend them to the serious consideration of practitioners inexperienced in the treatment of insanity. In addition to what I have quoted, I must add, that in the high state, (mania) as described by Dr. Alexander Chrichton, *I never saw bleeding lessen the violence of the paroxysms, but, on the contrary, I have seen the excitement augmented by it.* Puerperal insanity is of the same description of disease as the high state, and the same observations apply to it." *Paul Slade Knight, M. D. Naval Surgeon, and Surgeon to the Lancaster County Asylum, pp. 44-5 of "Observations on the Causes, Symptoms, and Treatment of Derangement of the Mind." London. 1827.*

§ 86. "It is too common an error in practice to regard violent delirium and fury as unequivocal signs of inflammatory state of the brain. They frequently accom-

pany a state of congestion, arising from a want of healthy tone of the vessels. at the same time we perceive that every thing under the head of stimuli, which is capable of determining to the head, increases the disease—either physical or mental stimuli. The state of the pulse, the increased temperature of the skin, the white tongue, and suffused appearance of the tunica conjunctiva, but more particularly the tense throbbing of the carotid or temporal arteries, will often indicate the necessity of general and local bleeding.”—*John Syer, Surgeon &c., p. 190. of “A Dissertation on the Features and Treatment of Insanity.” London, 1827.*

§ 57. “When the brain is manifestly inflamed, as marked by the intolerance of light, red eyes, weak pulse, and fever, especially if that inflammation be of the sthenic kind, we shall find our account in pretty free and copious bleeding; but there is much error, and much danger too, in considering and treating all brain irritation as constituted of brain inflammation.”—*David Uwins, M. D., p. 200 of “A Treatise on those Disorders of the Brain and Nervous System which are usually considered and called Mental.” London, 1833.*

Upon the principles here laid down, as will hereafter be more fully shown, probably not one case in a hundred, even of acute mania, would require venesection. But Dr. Uwins appears, himself, to abandon these principles in the treatment of puerperal mania. “Here,” says he, alluding to this form of the disease in general terms, and making no exception, “bloodletting is called for pretty freely; but I have almost always found my account in administering, even in this malady, pretty considerable quantities of opium immediately after bleeding.” p. 205. Comment upon this is reserved for a more appropriate place.

§ 88. "When the mental disorder continues after the corporeal symptoms have been attended to, and no definite indication presents itself, empirical means have been employed, in particular, bleeding, which, although absolutely necessary in some cases, has been too indiscriminately employed. It is absurd to bleed a madman merely with a view to calm his fury, for he is often rendered more violent after the operation. The extent to which bleeding has been carried is scarcely credible."

p. 86. "Congestion is known by strong pulsation of the carotid arteries, flushed face, little or no sleep. Purgatives are particularly useful; likewise cold applications to the head. Abstraction of blood is also sometimes required." p. 88. "The inflammatory state is a more advanced stage of the last mentioned state of congestion. It is indicated by pain and tension in the head, the eyes bloodshot and glistening; the pulse in the carotid arteries and at the wrist is quicker and harder than in congestion; the thirst is urgent, and the skin hot and dry. The treatment consists in unloading the vessels of the head, by bleeding from the temporal arteries or jugular veins, cupping and scarifying &c, cold applications to the head, warm bathing, and active purgatives."—P. 89, *Alexander Morison, M. D. in "Outlines of Lectures on Mental Diseases."* London, 1826.

§ 89. "Though we hold insanity to be an asthenic, non-inflammatory disease in so many instances, it will be seen that we do not disapprove of the abstraction of blood in some cases; but we most decidedly affirm, that *not one case in every hundred requires bleeding from the arm, at any time*, much less that periodical bleeding which has left its permanent results indelibly marked in many cases forever consigned to asylums. In cases where there are pain and fullness of the head, with depressed spirits,

while general bleeding will do harm, the local abstraction of blood will do good, and the nearer it is to the longitudinal or the lateral sinus, the better. For this cause, we have thought Dr. Wallis's longitudinal incision was the most valuable remedy in these cases, and we have not been disappointed. * * * Still there are many cases where the distress in the head is greatly relieved by leeches applied either behind the ears, or within the nostrils."—*C. M. Burnett, M. D. pp. 78, 79, of "Insanity tested by Science." London, 1848.*

The method of bleeding above referred to, is advocated in the subjoined testimony of Mr. Watson.

§ 90. "In mania, the result of cerebral congestion, and of recent origin, blood-letting general or local. A simple incision, four or five inches in length, into the scalp appears to me to combine the good effects of the two, viz: rapid detraction of blood and the relief of local congestion."—*Mr. Watson, Cumberland County Asylum, Dunston Lodge.*

§ 91. "While bleeding is generally injurious in the treatment of mania, it may occasionally, although rarely, be indicated. * * * It should never, in cases of insanity, be resorted to without the most paramount necessity, and even then not largely, as the constitution will not rally after excessive depletion. * * * In a robust, healthy individual, accustomed to epistaxis, or in a female suffering from congestion at the change of life, especially if resident in the country, bleeding may be advised; but there are very few persons suffering from insanity who can bear general depletion when living in densely crowded cities.

"We must never be deceived by mere vascular excitement; but when it is considered necessary to take

away blood, and yet the powers of the patient would not justify general bleeding, cupping or leeches may be resorted to.

“Many cases of insanity arise from extreme irritability, dependent on prostrated power. * * * In these cases, mistakes are but too frequently made; *irritation* is confounded with *inflammation*. The maxims so ably taught by Mr. Travers are forgotten; the object to calm the action, not to diminish from the power—this nervous power being much more easily depressed than raised.

Should this advice be neglected, and bleeding be ordered, stupor, or coma, or confirmed mania may be the consequence. In many cases where there is the most ferocious delirium, with great muscular power, the pulse is very quick, weak, and fluttering, and even the slightest depletion at once knocks down the powers; but even if the patient should again rally, there is great danger of his becoming idiotic. As Dr. Marshall Hall has so truly stated, under *irritation*, exhaustion is sooner produced than in health; while under *inflammation*, the system bears loss of blood with less exhaustion than in health.

“Anaemia of the brain, so strongly pointed out by Dr. G. Burrows, has been but too little regarded until lately. Many cases where there is great action require stimulants and support.”—*Joseph Williams, M. D. pp. 29 et seq. of “An Essay on the use of Narcotics and other Remedial Agents calculated to promote Sleep in the Treatment of Insanity.” London, 1845.*

§ 92. “It is an undoubted truth that in fifty maniacs laboring under the highest degree of the sthenic form, not more than from seven to ten of them will require this most powerful means of reduction of the vital power; and *let it never be forgotten, that sudden and profuse bleeding*

is always—even in this form, however furious,—highly dangerous, and never necessary.”—George Nasse Hill, Medical Surgeon, p. 287 of “An Essay on the Prevention and Cure of Insanity.”

§ 93. We have the following authorities from Scotland. “The violent excitement which is frequently the first certain indication of an attack of insanity, has, to those unaccustomed to witness such cases, a very alarming appearance; and, under this impression, measures of a permanently exhausting nature, such as bleeding or the copious use of antimonials, are apt to be had recourse to—with the effect, certainly, of quieting the patient for a time; but at the expense of such an amount of strength as it is not always possible to restore afterwards, by a long course of invigorating remedies, even if he escape being thrown into a state of hopeless dementia. Such an error may be avoided by paying attention to the indications offered by the pulse, which is almost never raised in proportion to the violence of the delirium, but, on the other hand, is, not unfrequently, feeble, and indicates debility of the system; and, where this is the case, the most cautious topical bleeding only is admissible, and even stimulants; in regulated doses, may be resorted to with advantage.”—*Drs. J. Macrobine, and J. F. Ogilvie. Page 11, of the Report of the Lunatic Asylum of Aberdeen, for the year ending April 30th, 1845.*

§ 94. “Even in its most violent forms, the cerebral disorder is rarely to be cut short in its course by heroic remedies. In the case of some patients I have had reason to regret that the treatment before admission had been only too vigorous; and that, while *venesection had been prudently avoided*, and the abstraction of blood from the head only cautiously had recourse to, antimonials and purgatives had been administered with no sparing hand, and

the diet kept at too low a standard. * * * * The most certain result of active treatment, long continued, is prematurely to induce dementia."—*Dr. W. Mackinnon, in the Report of the Royal Edinburgh Lunatic Asylum, for the year 1844.*

§ 95. Of the continental authors, extracts will first be taken from those of France.

"The blood of maniacs is sometimes so lavishly spilled, and with so little discernment (discrimination,) as to render it doubtful whether the patient or his physician has the best claim to the appellation of madman. At the same time, I do not wish to be understood as altogether proscribing the use of the lancet in this formidable disorder; my intention is solely to deprecate its abuse.

Insanity consequent upon the suppression of periodical or habitual discharges of blood will doubtless frequently yield to an artificial evacuation of the same fluid, procured either by venesection or topically by leeches and cupping. A paroxysm of mania is sometimes preceded by symptoms of its approaches which cannot be mistaken; such as heightened complexion, wildness and prominence of the eyes, exuberant loquacity. In such cases the experience of hospitals authorises the free use of the lancet. It is a well established fact, that paroxysms of madness thus anticipated, are in many instances prevented by a copious bleeding. On the other hand, I feel it my duty to abstain from this practice after the explosion of a paroxysm of irregular periodical insanity. * * *

It frequently happens that bleeding, practised as it is, without rule or bounds, is found to exasperate the complaint, and to cause periodical and curable mania to degenerate into dementia or idiotism. In melancholia, whether simple or complicated with hypochondriasis, bleeding is still less to be recommended."—*Ph. Pinel,*

formerly Physician to Salpêtrière and Bicêtre, p. 251, of "*A Treatise on Insanity*," translated by D. D. Davis, M. D.

§ 96. "On the discovery of the circulation of the blood, it was believed that we had discovered the cause of every disorder, and a remedy for all ills. Blood was shed abundantly. The blood of the insane was the more freely shed, as, by bleeding them to faintness it was believed that they were cured. This treatment was extended to all the insane. In every hospital there was established what was called the treatment of the insane on this principle—that the blood being too abundant and too much heated ought to be evacuated and cooled. Besides, in the hospitals of France, where some attention was paid to the insane, in Spring and Autumn, they bled them once or twice and bathed them in cold water; or cast them bound, hand and foot, into a river or reservoir. If a few victims of such gross mismanagement escaped, they cried out 'A miracle!' Such was the prejudice, not long since, even in Paris, in favor of bleeding, that we were accustomed to receive pregnant women, who were bled by way of precaution, before being sent to a house where bleeding was proscribed.

"Excess in this respect has sometimes been so great, that I have had in charge an insane man who had been bled *thirteen times in forty-eight hours*. Pinel set himself against this abuse, and cites examples which ought to be presented to the observation of all physicians. I can add, that I have often seen insanity increase after abundant menstrual flows, after hemorrhages, and after one, two or three bleedings. I have seen a state of sadness pass into mania and fury immediately after bleeding; and dementia to replace, reciprocally, the condition of mania.

"I do not believe it necessary to proscribe bloodletting in the treatment of insanity. It is indispensable in ple-

thoric subjects, when the head is strongly congested, and hemorrhages, or habitual sanguine evacuations have been suppressed. At the commencement of insanity, if there is plethora, if the blood rushes violently to the head, if some habitual hemorrhage is suppressed, we bleed largely, once, twice, or thrice; apply leeches to the jugular veins and temporal arteries, and cups to the base of the brain. At a later period, sanguine evacuations are local and employed as revulsives, or as supplementary to suppressed evacuations."

The foregoing extract is taken from the general essay on insanity, at the commencement of Esquirol's work on *Mental Diseases*, page 86 of the American Edition, translated by Dr. E. K. Hunt.

When treating specially upon Puerperal Insanity, he says, "Boerhaave and Van-Swieten inform us that blood-letting ought not to be employed, except in case of the utmost necessity, not even when the lochia are suppressed. By debilitating, say these authors, blood-letting injures rather than benefits the patients. * * * * * Bleedings,—and here Esquirol resumes the course of his own ideas—ought to be employed cautiously during the first stage. When the sanguine temperament predominates, and there are signs of plethora or congestion of the brain, leeches to the vulva or thighs are useful. Cups, vesicatories and sinapisms, applied to the legs, thighs or neck, in connection with a ptisan slightly sudorific or purgative, according to the tendency of nature, will be preferred to means called heroic."

Again, in the article on Lypemania, or Melancholia, we find the following remarks, "Pursuing the atrabile into the circulation, the humorists deduce from blood-letting a general precept against melancholy. Aretaeus alone,

among the ancients, expressly forbids* it in the major part of cases. He permits it, however, only among young subjects, in the spring, and in small quantities. Cullen says that blood-letting is rarely useful. Pinel employs it very little. Nevertheless, we may have recourse to local sanguine evacuations,—at the epigastrium when the stomach is the seat of an active irritation, to the vulva when we wish to re-establish the menstrual flux; to the anus when we desire to renew a hemorrhoidal discharge, and, finally, to the head, when there are signs of cerebral congestion. I have sometimes applied leeches with success to the side of the head, when lypemaniacs complained of a fixed pain in the part. In the form of melancholy popularly called nervous, evacuants augment the evil."

In a subsequent article upon mania, after mentioning the proper indications for bleeding, such as have already been quoted, he continues: "We must be cautious respecting sanguine evacuations. By enfeebling maniacs we run the risk of throwing them into dementia. 'Bleeding,' says Pinel, 'is an unusual evacuation, and one which constitutes an epoch in the hospital for the insane, (Salpêtrière.) How numerous are the maniacs who have never lost blood, and been cured; how many have been bled, and still remain incurable!'"

§ 97. "Formerly, under the idea that mania depended upon a too active impulsion of blood towards the brain, because maniacs were perceived to have a hot head, face red and animated, and glistening eyes, it was recommended, in erroneously taking the effect for the cause, promptly to relieve the brain by repeated bleedings.....

* "Defends," in Dr. Hunt's translation, from which I quote, making this substitute. In the original, the word is *defend*, which signifies *to forbid*, as well as *to defend*. The French more frequently use it with the former signification, and the text shews that such was the meaning of Esquirol.

“But when we consider that mania generally depends upon an intense nervous exaltation which should be quickly moderated and controlled, in order to prevent the debility and atony that frequently result from it, we shall perceive how absurd it is, and how fatal it may prove, to provoke this condition by debilitating means.

“What is the result, in a great majority of cases, of enfeebling, of attenuating the maniac by repeated bleeding, and by rigorous diet? It is that he falls into stupidity, and the mania, which would have terminated happily in running through its periods with regularity, assumes a chronic or periodic character, rendering it often incurable, or it degenerates into dementia or idiotism.

“It is especially to the nervous system that therapeutic means should be directed. It is not necessary, hence, to conclude that bleeding should be absolutely excluded from the treatment of mania; but it should be practised with discrimination. It is principally necessary when the patient is young, vigorous, and plethoric, and particularly when the mania depends upon the suppression of an habitual hemorrhage, the menses, or hemorrhoids. In the last two cases local bleeding is often preferable.”

—J. R. Jacquelin—Dubuisson, M. D., pp. 234-5 of “*Des Vesanies, ou Maladies Mentales.*” Paris. 1816.

§ 98. “One would think that in diminishing the mass of the blood the congestion and the explosions of delirium would soon be subdued, and that in repeating the sanguine evacuations, many times, the insane person would be calmed and cured. This reasoning, which for a long time kept bleeding in mania in vogue, is in direct opposition to the results of an impartial observation. It is now acknowledged that, in the period of maniacal excitement, bloodletting augments the fury, increases the delirium, and afterwards renders convalescence difficult, and often

impossible. This is a fact, to the truth of which we have been forced by large experience; and its physiological explanation ought singularly to modify the opinions still prevalent in the schools, in regard to the nature of inflammation and irritation. This result appears to demonstrate that, in all sanguine congestions, it is not the blood alone, or, at least, its coloring matter, which furnishes the active element of irritation in the brain, as in other organs, but that it is in the serous portion that there is a peculiar decomposition which constitutes the true cause of irritation.

"Bosquillon, physician to the Hôtel Dieu, was a fanatic partizan of bleeding. All his treatment consisted in bloodletting, so copious and repeated, that they were not stopped until the patient was *exsanguinated*. This method became so fixed and dominant an idea with him, that his want of success, far from enlightening him, only forced him more obstinately into his fatal practice, all the evils of which, according to him, were owing to the patients, or the nurses.

"Venesection is now a rare occurrence, at Salpêtrière, and is prescribed only to indications which are accidental, and do not belong to insanity."—*Scipion Pinel*, pp. 94-96 of "*Traité Complet-du Régime Sanitaire des Aliénés*. Paris. 1836.

§ 99. We have but one authority from Belgium.

"I rarely resort to depletion in mania. At our establishments, in a population of five hundred patients, I do not have recourse to general bleeding once in five years.

A have seen in cases of mania, very free discharges by epistaxis, which did not in the least mitigate the symptoms. I have seen maniacal women almost exhausted by metrorrhagia, without any melioration of their insanity. I remember cases of very considerable hemorrhage,

caused by wounds in the head, which produced no change in the mental condition. I have many times witnessed deplorable results, after repeated sanguine depletions, more or less abundant. I have observed that the moral excitability of patients becomes more intense after they have been bled; I have found the face pale, the pulse small, and the pupils dilated. I have interrogated a large number of maniacs in regard to their feelings subsequent to venesection, and many have said 'From the time when I was bled I neither knew what I did nor what was passing around me. After the loss of blood, I was wholly bewildered.'

"The phenomena indicating general bleeding are, a pulse full, tense, and more than normally frequent, beating of the carotids, injection of the conjunctiva, general swelling of the face, intense heat of the scalp, and oppression of the thorax.

"The fact must never be lost sight of, that, notwithstanding the great exaltation of the cerebral activity, it does not follow that there is inflammation. A state of feebleness may produce these phenomena. It must not be forgotten that the fundamental symptoms of insanity are such as announce a lesion of the nervous system."—*J. Guislain, Professor in the University of Gand, (Ghent) Vol. 3, p. 154 et seq. of "Leçons Orales sur les Phrénopathies." Gand, 1852.*

Guislain approves of local more frequently than general bleeding, yet he states that in the course of a year, with five hundred patients, the only depletion of this kind, prescribed to symptoms allied with the mental disorders, was that which was effected by the application of thirty-two leeches. The same author, in the second volume of his "*Traité sur l'Aliénation Mentale, et sur les Hospices des Aliénés*", published in Amsterdam, 1826, devotes

forty pages to the purpose of "demonstrating that the exaltation of the sanguineous system sometimes requires, in mania, the use of sanguine depletions, but that in the same disease, tonics and excitants are not less usefully indicated." p. 81. His prolonged and extensive experience since the publication of this work, appears not only to have confirmed his opinions in regard to the tonic and stimulant treatment, but to have diminished the relative proportion of cases in which he believes the abstraction of blood to be useful.

§ 100. Upon referring to German writers, we find that, at the commencement of the present century, the distinguished medical philosopher Dr. Reil, asserts in his *Rhapsodien ueber die Anwendung der psychischen Kurmethode*, p. 430, that "the often erroneous and superfluous treatment, which wholly destroys the natural powers through which a crisis might still have been effected," is one of the causes of so many imbeciles as the sequelae of insanity. He who is acquainted with practical medicine in Germany, well knows that much of this "erroneous and superfluous treatment" consists in venesection. Dr. F. Nasse, one of the most celebrated of Prussian medical writers, condemns bleeding, but I have not been able to procure a copy of his works.

"Bloodletting and the douche, which are very extensively used in private practice without particular regard to the case, are here employed with great caution. In relation to the first, it is not to be overlooked that it is but rarely that inflammation lies at the ground of mental diseases; that, much more frequently, the excitement, by a too free use of debilitating agents, gives place, as in nervous fevers, to a sinking of the forces, and that, too, even from the cause, since debility, much oftener than is supposed, lies at the ground of the excitement; that an untimely bleeding, in patients hitherto quiet, may produce

the most severe attack of mania, and rapidly lead to dementia; and that irregularities in the circulation of the blood, which have been slow in their growth, as is generally the case in insanity, are not removed, but can only be increased by heroic treatment.

"It is true, there are many cases in which inflammatory excitement of the brain, or of some other organ, is evidently the basis of the psychical violence, and that a neglect of copious bloodletting, even in the earliest days of the disease, may result in incurable organic lesions, particularly of the brain. But even here, as in similar conditions in nervous fever, the necessarily following debility must never be lost sight of, and often much more good and far less injury can be done by topical bleeding, with leeches or cups, and by local revulsives, at a distance from the head."—*Bericht ueber die Wirksamkeit der Heilanstalt Winnenthal, von ihrer Eroeffnung, den 1 Maerz, 1834. bis zum 28 Februar, 1837, von Hofrath Dr. Zeller, Direktor der Heilanstalt.*

"—the thousand-fold experience that a debilitating treatment, especially bloodletting, frequently, in a short time converts melancholia into mania."

"In latter times, the idea of irritation has taken place of that of inflammation, because the delusion of seeking the cause of all mental disorders in the blood and blood-vessels, has been gradually perceived. This has, at least—and for the first time—gained thus much,—it has checked the insane bloodshedding of earlier times."—*Ibid. Report for 1837—40.*

"As, in decidedly the greater part of cases, the hyperemia of the brain is of a passive nature, arising from a want of energy in that organ, it is evident that enormous mistakes are made, in treating insanity by venesection. We have recently had evidence of this in numerous cases,

in which general bloodletting quickly converted melancholia into violent mania or dementia."—*Ibid.* Report for 1843-46.

§ 101. "From such copious, I might say, once for all, such entirely irrational bloodletting as, according to some of the histories of cases which I have received, is practised in the country, I have seen the most sorrowful results. Incurable dementia and stupidity have been produced by it. I have cause, therefore, to warn against such gross professional mistakes. It is true, that in many of the ancient authors, and in old reports of cases, we read of the great use of venesection in former times; but even Hippocrates cautions us against it, under certain circumstances, and perhaps those authors, like many others, wrote only from hearsay. Yet, our contemporary physicians and surgeons do not consider, if we may judge by their profuse bleedings at the bedside of the insane, that the time is past in which physicians had to deal with constitutions unvitiated, in persons more robust, living for the greater part if not wholly upon vegetable diet, and educated to a more natural course of life. * * * * I know a case in which, from a patient in South Tyrol, ten pounds of blood were drawn off in one day. The patient is still in my institution, in a state of apathy." *Beschreibung der kaiserlichen Koeniglichen Provinzial Irren-Heilanstalt zu Hall, in Tyrol. Herausgegeben von Johann Tschallener, Direktor und Primararzte dieser Anstalt. Innsbruck. 1842.*

§ 102. "Hardly any remedy has been more abused than venesection. * * * * Because, in cerebral inflammation, there is a manifestation of mental excitement, does it, therefore, necessarily follow, that all mental excitement arises from inflammation? * * * Experience has

demonstrated that *anaemia and plethora, in their extremes, produce the same local symptoms, and that a deficiency of innervation—even in an exhausted condition of the system—may give rise to increased muscular action, both spasmodic and voluntary.*

“ ‘Madness is not in the blood,’ says the proverb, *** but it rests upon a disturbance of the central organ of the nervous system. That organ, for its nourishment and support, requires, of all things especially the blood, and always so much the more, the more those functions are in a condition of exalted activity. And when these functions depend upon the condition of the blood, as we have already shown, they cannot be rectified by adding to the *deficient quality* of the blood a *deficiency of its quantity*, thereby removing the most nutritious ingredient.

“ We cannot restore to an excitable man his psychical energy by drawing blood, and by obtunding the mental activity by rigid diet, but it may be done by taking from him the irritation which supports the excitability, and by strengthening the whole system, thus restoring the equilibrium of action of all the organs. Although the physician to the insane has daily proofs that general bloodletting and an antiphlogistic treatment exhaust the organ of the mind, yet those methods of treatment are daily repeated, thus, often preparing pain for him when it falls to his lot to (endeavor to) overcome, not only the weakness of the patient, but also—and often, alas! in vain—the weakness of the art.

“ It is not to be understood that we would entirely banish venesection from the treatment of insanity, but that we wish only to give warning against its abuse. As the innervation of the organs necessary to life issues from the brain and the spinal cord, it follows, that the weakening of these, necessarily induces debility of the whole sys-

tem. But insanity is not produced by an inflammation of them. So, by diminishing the quantity of the blood neither is its quality improved, nor is the disease itself removed. On the contrary, the already suffering powers of vitality must still further diminish, and through this, the brain approximate a condition of paralysis.

“Only in cases of insanity associated with, or accompanied by, other abnormal conditions, as, for example, strong determination of blood to the head, in vigorous persons, or inflammation of individual organs, should we venture to practice venesection,—and then, even, unwillingly, and in much less quantity than under other circumstances.

“It is true that insanity, as in all abnormal conditions of the nervous system, slight causes are sufficient to produce a strong determination of blood to the brain, and in the periodicity of this evil lies the organic condition thereto. The evil must be met, because it increases the abnormal condition, and may, by long continuance, produce organic lesions. But it often yields to leeching, or the revulsion of the blood towards other organs.”—*Ueber Irrsein und Irrenanstalten, für Aerzte und Laien. Von Dr. Heinrich Laehr. Halle. 1852.*

§ 103. When, in insanity, there is a local affection of the brain producing a secondary irritation, “in consequence of which plastic abnormalities are found, and become the proximate cause of idiocy—this, the moment when much may be effected towards a cure by means of bloodletting, partly general, partly local—*which is never indicated in mania itself*, but only in the hyperemia indicated by it. The value of this remedy was formerly estimated too highly, while, latterly, it has been too much depreciated.—*Baron Ernst von Feuchtersleben, p. 353 of The Principles of Medical Psychology. London Edition.*

§ 104. "Dr. Muller, of Wurtzburg, has rarely seen satisfactory effects from bleeding; not even in maniacal fury. 'The majority of patients,' says he, 'who arrive at my asylum, have been copiously bled, and in the larger number of them dementia has become the sad result.'"—*Guislain, Traité de l'Aliénation Mentale, vol. 2, p. 92.*

§ 105. Dr. Engelken, of Bremen, published an article upon the use of opium in insanity, in the third number of the volume for 1851, of the *Algemeine Zeitschrift fur Psychiatrie*. In that Essay he remarks that bleeding, although it has been "useful at certain epochs, has now become fatal in the majority of cases of insanity, while opium has become more in relation with the convulsive erethism so common in our times."

§ 106. "The abuse of too frequent bleeding has been perceived by Dr. Jacobi, as by all the physicians to the insane that I have seen. All complain of the deplorable condition in which the patients from the provinces are sent to them. They are often exhausted by this anti-rational therapeutic treatment."—*Dr. Ferrus, in an article on Mental Pathology, in Belgium, Holland and Germany. Annales Medico-Psychologiques, vol. 6, p. 197.*

§ 107. "Heroic treatment often subdues mania, melancholia, &c., but at the same time plunges the patient into incurable dementia, as I have seen in some of the imbeciles admitted here, who had been actively treated by large bleedings, emetics, laxatives, calomel, &c.

"Venesection, that potent palliative in the orgasmus of the blood, has not, in the management of the insane, that distinguished advantage which we so frequently perceive from it in the diseases of the sane. The maniac is not unfrequently more furious after bloodletting, although the

frequent, full, hard and strong pulse, the flushed face, the heat of the head, the strong beating of the carotids, and the whole bodily constitution, indicated the treatment. These symptoms of orgasmus and plethora are often only signs of the high mental excitement and the physical exertions of the patient, and, therefore, perhaps more frequently the effect than the cause of this fury. In the insane with pallid face, cool head, lax constitution, and frequent, small and contracted pulse, bloodletting is useless, if not injurious, how great soever may be the exaltation of the patient, or however severe the paroxysm.

“ I hold bloodletting as especially necessary in highly excited insane females, after the cessation of the menses. The blood should be taken from the foot, once or twice annually. Even this rule has its exceptions. By physicians and surgeons inexperienced in the treatment of the insane, venesection is driven to the extent of a lamentable and certainly often injurious abuse.”—*Dr. Schnieber, Superintendent of the Asylum at Sorau, Prussia; in an article in the Allgemeine Zeitschrift für Psychiatrie.*

§ 108. The following authorities were obtained orally in 1849, at the several institutions mentioned.

“ Venesection is generally injurious;—physicians in the country practise it extensively, and to the injury of their patients. Local bleeding is practised occasionally on the nape of the neck, and sometimes, though rarely, upon the shaven scalp.”—*Dr. Focke, Siegburg Asylum, Rhenish Prussia.*

§ 109. “ Bloodletting in the usual forms of insanity is not practised here.”—*Dr.——, Second Physician at the charity Hospital, Berlin, Prussia.*

§ 110. “ Venesection is not practised. There is no indication for it excepting in apoplexy. Local bloodletting is rarely prescribed.”—*Dr. Klotz, Sonnenstein Asylum, at Pirna, Kingdom of Saxony.*

§ 111. "Venesection is never practised in the ordinary forms of insanity. Sometimes leeches are applied to the temples, or behind the ears.—*Dr. Ludwig Snell, Eberbach (now Eichberg) Asylum, Duchy of Nassau.*

More than thirty years ago, the physicians of Eberbach complained that many patients were not sent to the asylum until they had been exhausted by bleeding.

§ 112. "Venesection is never practised unless there be congestion, or some acute inflammation, such as pleurisy or pneumonia. In mania, general bleeding is liable to increase rather than to diminish excitability."—*Dr. C. F. W. Roller, Illenau Asylum, Grand Duchy of Baden.*

§ 113. "Venesection is rarely practised."—*Dr. Bergmann, Asylum at Hildesheim, Kingdom of Hanover.*

§ 114. "Venesection and local bleeding are sometimes prescribed."—*Dr. Varrentrapp, Asylum at Frankfort on the Maine.*

§ 115. "The work of Dr. Pignocco is the only Italian treatise upon insanity that has come under my notice since this article was commenced.

"Among the many injurious therapeutical means employed, often even without prudence, it is necessary to place the abuse of general bleeding, in the first rank.—The irritation, the tension, the spasm of the brain, or of the organs sympathetically affected by it, do not always indicate inflammation of that organ, nor threaten the congestion of it. Neither are the heat and the muscular agitation always signs of inflammation. That state is often convulsive and denotes merely a nervous excitement. Now, in this condition of the patient, always popularly attributed to inflammation of the brain, and threatened congestion, how injurious are the results of bleeding, often repeated." p. 80.

"How many cases of insanity attributed to the sup-

pression of habitual sanguineous discharges, and treated by reiterated venesection, have become incurable, or converted into epileptiform convulsions, dementia or other incurable maladies." Venesection should be resorted to only when it is indicated by the urgency of the case, and after a proper understanding of the condition of the patient. We will not deny that, in some cases of insanity, this morbid condition is combined with plethora, and that, under such circumstances, the opening of a vein is required by sound practice: but it is folly to expect to calm the fury of the patient by bleeding. Venesection may have place, in the commencement of the disease, in plethoric and robust persons, in case of the suppression of some sanguine evacuations, and in patients menaced by cerebral inflammation or congestion. Under all other circumstances it is better to abstain from it than to resort to it." p. 82.

"We repeat, with Esquirol, 'do not deprive insanity of the power to rave,' if you do not wish it to fall into a chronic and often incurable state."—*Trattamento Morale dei Diversi Generi di Follia, e Cenni statistici dall Anno 1841 al 1849, raccolte nella Real Casa dei Matti di Palermo. Per Francisco Pignocco. Palermo, 1850.*

§ 116. Induced principally by the belief that, from the very essentially augmented attention which has been devoted to mental alienation during the last half-century, the opinions of modern authors are of paramount value, I have not considered it important to quote from those of a more ancient date. It is a singular fact that the treat-

ment of insanity as recommended by Coelius Aurelianus, in the first century of the Christian era, more nearly corresponds with that which prevails at the present time, in the public institutions of both Europe and America, than that of any other writer by whom he was succeeded during the somewhat extended period of seventeen hundred years. He condemned chains, the whip, and all perturbing medical means, and advised against prolonged abstemiousness, from the danger of debility. He recommended bleeding *if the strength of the patient would justify it*, and, in some cases, leeching and cupping.

Asclepiades asserted that bleeding is equivalent to murder, but allowed it in some cases. Valsalva and Morgagni appear to have approved of blood-letting less frequently than some of their predecessors.

§ 117. A large proportion, however, of the old writers, as Hippocrates, Galen, Paulus Aeginetus, Avicenna, Celsus, Hildanus, Plater, Sennertius, Sydenham, Highmore, Baglivi, Mead, Cullen, &c., advocated a free use of the lancet. Some of them also recommended the actual cautery, trephining, blood taken from behind the ears of an ass, and various disgusting and filthy substances, as remedies. If we repose upon their authority in the first instance, why not in all the rest?

§ 118. The modern authorities for a more frequent resort to depletion from the sanguineous system will now claim our attention.

“Where the patient is strong, and of a plethoric habit, and where the disorder has not been of long continuance, bleeding has been found of considerable ad-

vantage, and, as far as I have yet observed, is the most beneficial remedy that has been employed. The melancholic cases have been equally relieved with the maniacal by this mode of treatment. Venesection by the arm, is however, inferior in its good effects to blood taken from the head by cupping." He shaves the head and applies the cups to the scalp. "When the raving paroxysm has continued for a considerable time, and the scalp has become unusually flaccid, or where a stupid state has succeeded to violence of considerable duration, no benefit has been derived from bleeding. Indeed, these states are generally attended by a degree of bodily weakness sufficient to prohibit such practice, independently of other considerations."—*John Haslam, M. R. C. S., pp. 313–14 of "Observations on Madness and Melancholy."* London, 1809.

§ 119. "The lancet has been found a very communicative sort of instrument, not by a disclosure of much information with respect to insanity, but, in as much as it has tended to invalidate the claim of phrenitis to the consideration of being the general cause of mania." But still, "the utility of venesection, at a suitable period, is acknowledged; and the propriety of adopting it is further sanctioned by the following extract from Burdin's Medical Studies. 'Warm seasons have a striking influence upon the return of the paroxysm in mania.' So, as the author remarks in a note: "The curable patients in the Bethlem Hospital are regularly bled about the commencement of June, and the latter end of July."

"As noisy and riotous mad persons are more subject to apoplectic and epileptic attacks, the medical attendant will duly appreciate the advantages of phlebotomy, especially to such who are of apoplectic make. Professor Pinel mentions that out of fourteen patients who died at Charenton, ten were carried off by apoplexy."

"I have bled one hundred and fifty patients at one time, and have never found it requisite to adopt any other means of security against hemorrhage than that of sending back the patient to his accustomed confinement; not a single instance can be adduced of deleterious consequences from the occurrence of a fresh bleeding. The hazard of bleeding is very great; but let the operator direct the blade of the lancet by his fore-finger and thumb, and open the vein horizontally, and he will avoid all danger of doing mischief. The most violent I have been obliged to place on the floor, and then secure them by assistants, and place myself in a like situation, in order to perform the operation without danger."—*Bryan Crowther, M. R. C. S. Surgeon to Bridewell and Bethlem Hospitals, pp. 102 et seq. of "Practical Remarks on Insanity." London, 1811.*

§ 120. "Patients (at Bethlem) are ordered to be bled about the latter end of May, or beginning of June, *according to the weather*. After they have been bled, they take vomits once a week, for a certain number of weeks; after that we purge them."—*Dr. F. Monro, p. 95 of "Minutes of Evidence taken before the Select Committee (of the House of Commons) appointed to consider of provision being made for the better regulation of Mad-houses in England."* 1815.

§ 121. "The period of physicking continues from the middle of May, regulated by the season, to the latter end of September. Two bleedings, according to discretion, half-a-dozen emetics, if there should be no impediment to their exhibition; and the remainder of the time, until Michaelmas, a cathartic once a week."—*Haslam, p. 63 of Minutes of Evidence, &c.*

§ 122. "Our means of cure may be briefly enumerated; they consist of occasional cupping or bleeding, of the use of issues or setons, of continued purgation, of

nauseating medicines; finally, of the class of sudorific or refrigerant medicines. To this last mentioned class of remedies we attach, however, very secondary importance." In the early part of the disease "the pulse, if it be not more frequent than in health, is quicker in each individual beat. There is disproportionate action between the carotids and the radial artery. In such a state of the disease, venesection or cupping will often produce evident temporary excitement, perhaps amounting to a paroxysm. Often, during the remitting stage, bleeding has evidently occasioned headache, where headache has been the only phenomenon wanting to complete a set of symptoms usually coexistent.

"On bleeding, the pulse at the wrist will often become fuller than before, while that of the carotids is rendered less active.

"On the question of depletion during the paroxysm, there are contra-indicants to be considered. The patient is in danger from exhaustion. Depletion has a direct effect in weakening him, an indirect effect in preventing his weakness by lessening excitation. These views are important, and render it very difficult to seize the point to which depletion may be carried during the paroxysm."

"With a plethoric habit, its direct utility in promoting menstruation is allowed; but where the habit is not plethoric we seem liable to cause a dangerous substitution of bleeding for the act of nature. Yet we go so far as, in many cases, to order a plentiful bleeding a short time before menstruation is to take place—contemplating the temporary excitation attendant on that process.

"On this head I have to observe, first, that we have never witnessed an interruption of the catamenia traceable to bleeding; secondly, that *we should not consider the occasional occurrence of such a phenomenon as worthy to be weighed against the general importance of bleeding.*

“ There is no form of the disease in which the depletory treatment assumes so much importance as in puerperal mania. There, it seems to exert great efficacy as a preventive, as well as in the cure. The effects of warm and strong maternal feelings, as increasing liability to disease, is well known. It has been observed to us by an eminent accoucheur, that wherever, in a person of such feelings, he should be inclined on general grounds to take away any given quantity of blood, he should be induced, by observing this state of feelings, largely to increase the quantity.”—*Thomas Mayo, B. M., in “Remarks on Insanity; founded on the Practice of John Mayo, M. D.” London, 1817.*

§ 123. “I am very far from approving or wishing to recommend such detractions of blood as those which appear to have been practised by Dr. Rush; but I have been convinced by the evidence of numerous facts, that bleeding, both local and general, is, under due limitations, serviceable in cases of insanity. **** The circumstances which render bleeding most advisable are those which indicate an approach in the disease to the character of phrenitis. The age and constitution of the patient must be taken into the account. If young and plethoric, he will more easily bear depletion; if the attack has been acute and sudden, it will more decidedly require it. If the vessels, especially the carotids and temporal arteries, pulsate strongly and rapidly, and there is heat of the skin, and principally of the head, much redness of the face and conjunctiva, a contracted pupil, intolerance of light and of sounds, total want of sleep and much agitation, symptoms of disordered sensation, as spectral appearances, in such cases bleeding from the arm will be practised beneficially; and it should be done before excitement shall have produced collapse and exhaustion. The

abstraction of twelve or sixteen ounces of blood under the circumstances above described, is often followed by a mitigation of all the symptoms. It may be repeated with advantage if the good effect is only temporary, or may be followed, if this be incomplete, by the use of cupping-glasses, or leeches, applied to the head.”—*On Insanity and other Disorders affecting the Mind. By James Cowles Prichard, M. D., F. R. S. Philadelphia Edition, 1837. p. 190 et seq.*

Prichard approves also of bleeding in cases following the suppression of the menses, or some morbid discharges, or the disappearance of eruptions, erysipelas or dropsical effusions, if “the arterial circulation and the heat of the skin be considerable;”—but he has “*seen mischievous results from bleeding in cases of madness which followed the disappearance of eruptions*, when the vigor and excitement of the arterial system were not sufficient to support the consequent collapse.”

“Insanity occasioned by blows or injuries of the head, as well as madness resulting from intoxication, is relieved by bleeding;—but care must be taken to distinguish insanity the effect of intoxicating liquors or of blows on the head from delirium tremens, and from that species of delirium so much resembling it, which is occasioned by wounds. I know that patients laboring under delirium tremens have been killed almost instantaneously by practitioners who were unaware of the nature of such cases.”
* * * In traumatic delirium “bleeding is highly dangerous, and the appropriate remedies are stimulants, and frequently opiates.”

“Mania is the form of insanity which most frequently requires abstraction of blood; but I have in many instances found a decided benefit to arise in cases of melancholia from one or two moderate bleedings, either gen-

eral or local. This has been the fact in cases accompanied with head-ache or a feeling of oppression referred to the head, with a full state of the bloodvessels, and generally with confined bowels."—*Pritchard*.

§ 124. "First, of Bleeding. This remedy is one of extreme value, and, in its use, we must be governed by the same general principles which guide us in the treatment of the sane. * * * Large abstractions of blood are injurious, unless justified by inflammation of an organ. Cupping is preferable to leeches, because you know your quantity. * * * As far as individual experience justifies an opinion, I cannot help thinking—such being the principle upon which I establish my treatment—that, *in all cases* where an accustomed evacuation or secretion suddenly ceases, and, as almost always happens—particularly among the insane—symptoms of unequal circulation arise, bleeding is not only eminently useful to prevent future evil, but it has this further recommendation, that we possess no agent capable in the same time, and with certainty, of producing similar effects."—*John Burdett Steward, M. D. F. R. C. P. pp. 52-4 of "Practical Notes on Insanity." London. 1845.*

§ 125. "I have only seen a few patients in the early, excited stages of insanity, and have generally bled them, without observing any permanent effect. I should bleed patients again in the same circumstances, and others would do the same on principles of analogy; but it is clear that we are acting in considerable uncertainty where the life and reason of men are at stake."—*On the Statistics of English Lunatic Asylums, and the Reform of their Public Management. By William Farr. Vide p. 16.*

§ 126. "Mania and monomania, in all their forms, are more frequently the results of a cerebral state characterized by increased vascular action, than any other, and it

then admits of active and successful treatment, particularly in its early stages. It is in such circumstances that, in young and robust subjects, bloodletting is often very beneficial. ** I have seen the very best effects follow cupping and then leeching, where great restlessness, accompanied with fulness and redness of the integuments, and other unequivocal signs of vascular excitement, were present.

"I have seldom had occasion to see or recommend general bloodletting in pure insanity: but I have observed more decided benefit from repeated and free local bloodletting than from any other means, and therefore consider it, taken in conjunction with a suitable regimen, and the use of other auxiliaries, as an extremely valuable remedy in the particular class of cases to which it is adapted, viz., those of vascular excitement. But, as Cox justly remarks, as fury, violence, and rage may equally characterize an opposite description of cases, and the pulse afford us little information, we must be careful to seek for other than mental signs to guide our judgment. It is, indeed, often very difficult to draw a true line of distinction between them and then we must be equally cautious in our practice. But when we see manifest symptoms of general plethora in young, robust, and sanguine subjects, or in females at a critical period, or in those who have lived fully and taken little exercise, or had some customary discharge suppressed, or, in short, been exposed to some cause productive of fulness, if we do not resort to depletion and evacuations, we not only diminish the chance of recovery, but have the patient exposed to the risk of apoplexy, or organic or incurable disease." —*Andrew Combe, M. D., pp. 326 et seq. of "Observations on Mental Derangement."* London. 1831.

§ 127. "Regulators, sedatives and calmants. I do

not hesitate to place bleeding, when it is judiciously practiced, at the head of this class of remedies. * * *

If the patient be young and plethoric, or very vigorous, although advanced in age, accustomed to substantial nutriment and to strong liquors; if the pulse be full and bounding; if the chest, the neck and the face be swollen and extremely red; if the eyes be protruding and injected, and all parts of the body preternaturally hot; if an access of mania or of extraordinary hebetude appear under these circumstances, and particularly if it be after the suppression of an ordinary hemorrhage, or an habitual bleeding, or after the abundant use of wine, or of alcoholic liquors; it is certain that, under these diverse circumstances we should not hesitate to bleed, even copiously, inasmuch as it is known that mediocre bleeding is generally useless. Much more will it be necessary to bleed if there are symptoms of meningitis, if there be a disposition to apoplexy, and when in plethoric temperaments, mania is complicated with epilepsy.

“Bleeding will be dangerous in feeble and lymphatic persons, or those who have already been weakened by the disease and by its treatment, in melancholy characterised by extreme depression, in a paroxysm of mania supervening upon idiotcy, and in the course of a periodical access which appears to be critical.

“There are few insane, particularly in hospitals, upon whom it has not been largely practiced, although often not only without success, but even with great detriment. It is but too true that frequently *a mere aberration of the forces*, may be mistaken for real augmentation of those forces, and that sufficient attention has not been paid to the convulsive efforts of many feeble persons, even those at the point of death, who with a countenance momentarily animated, often execute movements which the

force of several persons can hardly restrain, and who, it is very certain, would immediately die if they were bled."—*F. E. Fodère*, p. 308, *et seq.*, of his "*Traité du Délire*." Paris; 1817.

§ 123. "Insanity is an irritation. We have, then, two general orders of modifiers with which to combat it, sedatives and counter-irritants, called also, and even most frequently, revulsives. If we suppose the disease at its commencement, and at its higher degree, we shall find it with the symptoms of inflammatory irritation. It will be an encephalitis that we shall have to oppose, we should, then, attack it with blood-letting, abstinence, emollient drinks and the application of cold. Profuse bleeding has been too much declaimed against since the days of Pinel, and his school has been too parsimonious of the blood of the insane. Hence they do not report a single case of sudden cure, while the physiological physicians can cite a large number of cases in which bleeding, and particularly leeches, repeated for three, four, or five days consecutively, have removed commencing insanity, as a commencing peripneumonia or gastro-enteritis is removed, and suddenly restored the patients to reason.

"After bleeding from the large vessels come the capillary bleedings.—Leeches, cupping upon the course of the jugulars, upon the head—which should be shaved at the base of the cranium, below the occiput, in every region where the heat is too great, or where there is pain, even in places where the skin is alone painful, and finally upon the nucha and between the shoulders, according to the method of Coelius Aurelianus, are means of great effect.

"At the same time copious bleeding is not always without danger in delirium with convulsive agitation. I

have often seen, in the ancient practice, men attacked with febrile acute delirium, with convulsive trembling, the sequel to excess of alcholic liquors, die suddenly a few hours after being bled. I collected five or six such cases, in a very short time, in the clinique of Corvisart, who had not adopted the system and the nomenclature of Pinel."—*F. J. V. Broussais*, pp. 512-14 of "*De l' Irritation et de la Folie.*" Paris, 1828.

§ 129. "In the greater number of the cases of recent insanity which I have treated, I have employed bleeding, local or general, rare or frequent, abundant or mediocre, according to the forces of the patient and the state of the pulse, the injection of the conjunctivæ, the heat of the head, the agitation and insomnolence. I have always preferred general bleeding when there were signs of plethora or when the force and the frequency of the pulse were developed. In opposite circumstances, leeches to the neck, the temples, behind the ears, cut cups to the same parts, or upon the shaven head, have produced marked advantages.

"Local bleeding having appeared to me to have produced a very marked effect upon the brain, I have often prescribed it in connection with general bleeding, in cases where the intensity of the general symptoms seemed imperiously to call for the latter. But I have never reposed exclusively upon the effects of sanguine evacuations, although in many cases, I have seen all the accidents (symptoms?) disappear, as by enchantment, after their employment.

"I have several patients who, for many years, have been subject to paroxysms of recurrent mania which, if left to nature, continued three or four months, or more. During the three years that I have had charge of them, they have not had a single paroxysm that lasted a month.

The symptoms have often been dissipated in five or six days. General or local bleeding, according to the intensity of the symptoms, and *tepid baths with cold applications to the head at the same time*, are the means by which I have almost invariably shortened or abolished the paroxysm."—*A. Foville, formerly Physician in Chief to St. Yon, Rouen. p. 569-70 of vol. 1. of the Dictionnaire de Médecine et de Chirurgie Pratiques.* Paris. 1829.

Foville bases his treatment upon the inferences drawn from pathological appearances in his own necroscopical investigations. "In several hundred insane patients whose bodies have been examined," says he, "I have never found adhesions (in the brain) in acute cases, while they are very common in chronic cases," p. 567.

§ 130. "Bleeding has been abused, yet we believe that sanguine emissions have been too rigorously proscribed. This means may be very useful, but to avoid its inconveniences, the following considerations should not be forgotten. 1. In nearly all cases of super-excitement and of cerebral congestion, sanguine depletion should be combined with refrigerant applications to the head, and the action of revulsive agents, if we would obtain prompt and durable effects. 2. Local is often preferable to general bleedings, either because they have a more direct action, or because they do not cause useless and superfluous loss of blood. 3. Local bleedings, properly managed, may be many times repeated without inconvenience, even in persons apparently very feeble."—*Dr. Georget, p. 81-2 of "De la Folie, ou Aliénation Mentale."* Paris. 1823.

§ 131. "We think, with MM. Foville and Ferrus, and the majority of physicians to the insane of our epoch, that it is altogether rational to employ both general and local bleeding in mania, since we have admitted that it

is produced by irritation or inflammation, and that blood-letting is the most potent of anti-phlogistics. Sanguine evacuations not only contribute to the cure of acute mania, but they are especially proper to prevent those organic alterations which induce incurable dementia.

"Thus, in the beginning of mania, we have often employed general bleeding, more or less frequently repeated; then we have prescribed leeches to the anus, and afterwards behind the ears, a greater or less number of times, according to the persistence of the mania and the constitution of the patient. We can report a large number of observations of maniacs who have been in a state of delirium and extreme fury for many months, but who have perfectly recovered, without relapse, and with whom we had recourse to general or local bleeding, frequently repeated."—*Alexander Bottex, M. D. p. 15-16 of the "Rapport Statistique sur le Service des Aliénés de l'Hospice de l'Antiquaille." Paris. 1839.*

§ 132. "Mania sometimes assumes a form which approximates to that of inflammatory affections of the brain and its envelopes. In this case, the antiphlogistic method is indicated. Sanguine evacuations, by venesection, leeches and cupping are, then, of incontestible utility.

"The abstraction of blood is also often very proper to calm the accesses of agitation which occur in other forms of acute and chronic insanity. Sanguine evacuations, when proportionate, in quantity and frequency, to the constitution and the strength of the patient, have not the inconveniences of which they are too generally accused, of favoring the passage into dementia."—*Drs. L. Deboutville and M. Parchappe, Pages 96-97 of the Notice Statistique sur l'Asile des Aliénés de la Seine-Inférieure, (Maison de St. Yon, de Rouen) pour la période comprise entre le 11 Juillet, 1825, et le 31 Decembre, 1843. Rouen. 1845.*

§ 133. "I believe that there is too much parsimony of the blood of the insane since Pinel, who always feared that a few drops of blood would cause maniacs to fall into dementia. Because venesection has been abused, it is not necessary absolutely to abolish it. There are species of insanity in which sanguine emissions are injurious; but they are always useful in that (*paralysie générale*) of which it is here the question."—*Hubert Rodrigues, De la Paralysie Générale*, p. 31. Paris. 1838.

§ 134. "The functions of the brain may be deranged by too great a stimulus. I shall call that state of the brain hypersthenic; if, however, any nosologist prefer the term *inflammatory*, I shall never dispute about names. * *

* * The inflammatory state of the brain is often without pain, and practitioners are then led into error, forget that the brain is not sensible, and differs, in this respect, from the nerves of the body. * * *

Another common error is, to think that violent delirium and fury are the only signs of the inflammatory state of the brain. Inflammation may exist without such symptoms, and both symptoms may exist without an inflammatory state of the brain. * *

* * * Numerous dissections have convinced me that inflammation of the brain is by no means infrequent. * * *

The treatment of the hypersthenic state of the brain, whatever the symptoms of insanity may be, is the same, and may be termed lowering. Bleeding is the genuine remedy; opening the temporal artery, cupping at the temples, behind the ears, or on the neck, leeches to those parts, venesection at the arm—shaving the head, &c., &c. * * * in short, the whole antiphlogistic treatment.

"Another state of the brain, accompanied with its deranged functions, is the result of debility. I call it asthenic. * * To this state particularly is applicable the opinion of Pinel, that "bleeding, without rule or bounds.

often exasperates insanity, &c. Indeed, the lancet, has been frequently applied to insane people merely for the purpose of rendering them less noisy. I, however, do not wish to be understood as proscribing altogether the use of the lancet, even in this state of the brain; but it will be seldom necessary.

"A third state of the brain, in insanity from idiopathic causes, may be called *nervous*. It has many symptoms common with the second, but it is more dangerous. It exists in very irritable, delicate, and so called nervous temperaments. * * * The treatment of this state is not bleeding, purging or vomiting, but antispasmodics and tonics." *J. G. Spurzheim, M. D., pp. 286 et seq of "Observations on the Deranged Manifestations of the Mind, or Insanity."* London, 1817.

§ 135. Perhaps no physician of enlarged experience in the treatment of insanity, has more frequently practiced the abstraction of blood, and generally with the lancet, than Dr. Perfect. In his "Annals of Insanity" he has reported a large number of cases in the treatment of which this agent acts a very conspicuous part. Dr. Joseph Frank, an eminent German Physician, also advocated the liberal abstraction of blood. Excepting Spurzheim, I have met with no authority sustaining him, among those of his countrymen who have written upon the subject.

§ 136. The only remaining authority to be quoted is that of Dr. Rush. As comments upon this are considered necessary, they are made, for the sake of brevity and convenience in the course of the extracts.

In Hypochondriasis or Tristimania. "Bloodletting, if the pulse be tense or full, or depressed, without either fullness or tension. I have prescribed this remedy with success, and thereby, in several instances, suddenly pre-

pared the way for its being cured in a few days by other medicine." p. 99.

Amenomania. "The physical remedies for this form of partial derangement are nearly the same as those which have been recommended for tristimania, particularly bleeding, purging, emetics, and low diet, in an excited state of the blood-vessels, and, after they are reduced, stimulating diet, drinks and medicines." p. 139.

Mania. "The first remedy under this head should be bleeding-letting. This evacuation is indicated,

First. By all the facts and arguments formerly mentioned in favor of this grade of madness being an arterial disease of great morbid excitement or inflammation of the brain, particularly by the state of the pulse, and, when this is natural, by the state of the countenance, by wakefulness, and by a noisy and talkative disposition." p. 185.

The "facts and arguments" here alluded to as proofs that mania is a disease of the blood are,

a. That *many* of its remote and exciting causes are such as induce fever, phrenitis, apoplexy, palsy and epilepsy.

b. Persons *most subject* to mania are at that period of life in which inflammatory diseases are most common, and their constitution is of "arterial predisposition."

c. The symptoms of the disease. "These are a sense of fullness and *sometimes* pain in the head; wakefulness, and a redness of the eyes, such as precede fever; a whitish tongue, a *dry* or *moist* skin, high colored urine, a *frequent, full, or tense* pulse, or a pulse morbidly *slow* or *natural* as to frequency."

d. It alternates with "consumption, rheumatism, intermitting and puerperal fever, and dropsy,—diseases which are evidently seated in the blood-vessels."

e. It blends "its symptoms with several of the forms of fever."

f. Blood withdrawn in mania resembles that taken in some of the fevers.

g. Post mortem appearances of the brain. They are, first, "*the absence of every sign of disease*," second, inflammation, effusions, extravasation and intravasation of blood and even pus, and "preternatural *hardness* and dryness; third, "*preternatural softness*," and fourth, "*sometimes preternatural enlargement of the bones of the head, and sometimes preternatural reduction of their thickness*."

h. The remedies which cure mania are "exactly the same as those which cure fever or disease in the blood vessels from other causes."

A few remarks upon these "facts and arguments may be permitted."

a. "*Many*" causes are not *all* the causes. But allowing this argument all the force which can possibly be claimed for it, bleeding as the treatment, is not, in these days, a necessary inference.

b. What shall be said of the no small number of persons who are not "*most subject*" to the disease, but, nevertheless have it, or of those who are *not* at the period of life, most prolific of inflammatory disorders, and those who have *not* the constitution of "arterial predisposition?"

c. The large majority of maniacs do not complain of any disagreeable sensation in the head; wakefulness is very frequent, though not invariable; redness of the eyes, and whiteness of the tongue, not sufficiently general to establish a rule. The other symptoms under this head will be noticed below.

d. The alternation mentioned is, in very rare instances, true, but it is begging the question to assume that the diseases named are "seated in the blood-vessels."

e. True in some cases, but very far from being generally so.

f. Having rarely practised venesection in mania, I am not prepared to judge in the matter from personal experience. The appearances which Dr. Rush mentions as identical in the two diseases are "inflammatory buff, yellow, serum, and lotura carniūm." In support of his argument, he quotes from Haslam, that "of two hundred patients bled by the latter the blood was sīzy in but six cases;" and asserts that such was the fact, because the blood was "diseased beyond that grade in which it exhibits a buffy coat." This is altogether an assumption. Haslam draws no such inference, makes no such assertion, but merely mentions the fact, without explanation deduction or comment, of the number of cases in which the "sīzy" phenomenon was presented. Haslam and Crowther held the lancet with no sparing hand, and we learn how very rarely they *saw* any indications in the blood of the disease. Yet Rush asserts that in Mania, he has "*never*" seen "*a single instance in which it put on a natural appearance.*" Either his optics must have been remarkably acute in the detection of delicate shades of distinction, or his mind must not have been wholly emancipated from the natural tendency which so frequently, even unconsciously to the observer bends, and warps, and tortures "facts and appearances," for their proper adjustment to a preconceived theory.

g. Inflammation, and lesions generally considered to be its sequelae are often found in the encephalon of persons who have died of insanity, yet Pinel, the elder, a cotemporary of Rush, asserts that in 261 autopsies he found but sixty-eight, and Esquirol, in 277, but seventy-seven. Later observers, however, generally give larger proportion as the result of their researches. One

of them,* indeed, after having examined more than two hundred bodies, "has scarcely met with a single instance" in which there were not traces of encephalic disease. This is not a proper place to attempt to reconcile these differences. The authority of the last observer is adduced for the purpose of giving to the argument all the weight to which it is, by possibility, entitled. Undeniably, however, there are cases, of both recent and chronic mania, in which no pathological appearances of any importance are discoverable in the brain, after death. Dr. Rush acknowledges it; and it is worthy of observation, that the very first condition of the brain which he alleges as proof that mania is a disease of the bloodvessels, and therefore to be combated by venesection, is "*the absence of every sign of disease.*"

Here, as in other of the arguments, we are bound to admire the facility with which our author deduces an identity of treatment from the most diametrically opposite symptoms, conditions and phenomena. His logic simplified, is this. If the skin be *dry*, there is inflammation,—therefore bleed; if it be *moist*, inflammation, bleed; is the pulse *frequent*? It indicates inflammation; *ergo*, bleed; is it morbidly *slow*? Inflammation,—bleed; is it *tense*? Inflammation—bleed; *depressed*? (see treatment of Tristimania) inflammation,—bleed; *full*? Inflammation,—bleed; is it *NATURAL*? Inflammation,—bleed. Do you believe the cranium to be *thickened*? It is the effect of inflammation; you must, consequently, bleed. On the contrary, is its natural *thickness diminished*? evidently the result of inflammation,—bleed. Is the brain preternaturally *hard*? Inflammation—bleed; is it preternaturally *soft*? Inflammation—bleed; is there redness of its sub-

* Mr. Davidson, at Lancaster Asylum, England: See Combe's "Observations on Mental Derangement" p. 288.

stance,* effusion, extravasation or intravasation of blood, or purulent matter?—all are the sequelae of inflammation—hence you must bleed; and, finally, is there, in the brain “THE ABSENCE OF EVERY SIGN OF DISEASE?” how is it possible that there should not be inflammation? In the language of Broussais, “it is an encephalitis that we have to combat,”—therefore, BLEED! *Quod erat demonstrandum.*

These are not the only inconsistencies into which Dr. Rush was led. In several places he recommends or expresses approbation of certain forms of treatment which, in their very nature, are utterly at war with rational management, on the supposition of the truth of his hypothesis that the lesion is a profoundly diseased condition of the blood. In England, refractory horses are subdued by impounding them and “keeping them from lying down and sleeping.” Hence, although he has enumerated wakefulness among the signs of inflammation the indications for bleeding, and the conditions which endanger the delicate structure of the brain, he infers that “*the same advantages might be derived from keeping madmen in a standing posture, and awake, for four and twenty hours.*” Again, he was informed that in the interior of East India, “the wild elephants, when taken, are always tamed by depriving them of food until they discover signs of great emaciation.” *Therefore, he is “disposed to think favorably of fasting for two or three days in this form of madness.”* The principles of practice of the oracles in medicine deduced from the treatment of “refractory horses” and “wild elephants!” and this, too, while contending that the disease to be overcome in the human subject is an inflammation of the blood—a condition of that fluid so far removed from that

* Dr. Rush does not recognise the now well known fact that some of these *post mortem* appearances may be the effect of a passive, or asthenic inflammation,—Dr. Sutherland, § 22, says even of mere irritation—and can consequently only be aggravated by the abstraction of blood.

of health, that it is evident, upon inspection, even to the eye! Were there the first point of analogy between the *pathological* physical condition of a maniac, and the *normal* condition of a horse, or an elephant, the inference would be less preposterous; as it is, it is worthy of a Sganarelle.

h. Much of the fever of the present day, as was the spotted fever—*typhus petechialis*—of New England, in the time of Rush, is cured by stimulants. So mania, according to many authorities, (§§ 10, 14, 18, 43, 56, 70, &c.,) is now frequently, and very successfully treated by stimulants and tonics. Do these facts tend to prove that it is “essentially a disease of the blood vessels,” sthenically inflammatory in its character?

We will now proceed with the other indications of Dr. Rush for bloodletting.

“Second. By the appetite being uninterrupted, and often unrestrained, whereby the blood vessels become overcharged with blood.”

Generally, so far as my observation has extended, in cases of acute mania, *with febrile symptoms*, the appetite is diminished, sometimes null. When, in these or other cases, it is “uninterrupted,” or “unrestrained,” digestion is usually good, and perhaps Dr. Laehr (§102) and many others would hence infer that nature thus endeavors to overcome the excitement, by giving tonic force to the brain through a wholesome supply of blood. It is true, however, that there are some patients who eat more than would appear best; but to permit these to gormandize, and then to endeavor to ward off the consequent evils of it by the abstraction of blood, betrays a degree of judgment and discretion corresponding with that of him who coolly ventures upon an epicurean debauch, with a pre-

determination of closing it with an emetic. Is it not simpler, safer and more prudent to restrict the insane man, in regard to the quantity of his food?

"Third. By the importance and delicate structure of the brain, which forbid its bearing violent morbid action for a length of time, without undergoing permanent obstruction or disorganization. The danger from this cause is much increased by the wakefulness, hallooing, and strong muscular exertions of persons in this state of madness."

Violent morbid action, so far, at least, as the circulatory system is concerned, is now demonstrated to be the exception, and not the rule, in mania. Determination of blood to the brain may arise from a deficiency as well as from a redundance of blood, and the excitement which is manifested by shouting, and muscular action, is often the consequence of debility of the vital forces and not of their augmentation. §§ 18, 80, 82, 86, 92, 93, and others.

"Fourth. By there being no outlet from the brain, in common with other viscera, to receive the usual results of disease or inflammation, particularly the discharge of serum from the bloodvessels."

"Are there not, as in the pleura and the peritoneum, the absorbents? If, in the autopsies of 538 bodies, Pinel and Esquirol found cerebral lesions in but 146, a considerable number of which, it may be inferred, were not effusions in greater quantity than the brain could tolerate, with safety, the necessity for more capacious outlets is not so great as to give the force of conviction to this argument. Again, if *passive* be mistaken for *active* inflammation, and the patient be bled, is not the danger of effusion thereby augmented?

"Fifth. By the accidental cures which have followed the loss of large quantities of blood. Many mad peo-

have attempted to destroy themselves by cutting their throats, or otherwise opening large blood-vessels, have been cured by the profuse hemorrhages which have succeeded those acts. Of this, several instances have occurred within my knowledge."

Guislain on the contrary, § 99, asserts that he has witnessed profuse hemorrhages without the sequel of restoration; and Esquirol, § 96, has seen the disease augmented by the same cause. If general principles of therapeutics are to be derived from a small number of what may be termed accidental or incidental cures, the treatment of insanity will constitute a medley of absurdities incomparably more ludicrous than that which is recommended for other diseases, by some of the authors of olden time. A man who had previously been a patient at the Bloomingdale Asylum, shot himself in a third attempt at suicide, in such manner as to knock out two of his teeth. The shock cured him. Shall we, therefore, advise all the suicidal insane to demolish their teeth with the ball of a pistol?

"Sixth. By the morbid appearances of blood which has been drawn for the cure of this form of madness." This argument has already been sufficiently noticed.

"Seventh. Bloodletting is indicated by the extraordinary success which has attended its artificial use in the United States, and particularly in the Pennsylvania Hospital."

Since the treatise of Dr. Rush was written, experience in the United States in regard to this subject has increased probably an hundred fold, and the deductions therefrom may be learned by consulting the foregoing pages, from § 1 to § 21, inclusive. The department for the insane of the Pennsylvania Hospital has been isolated from that for general diseases, during the last thirteen

years. The average number of its patients has probably been four or five times as great as in the time of Rush. What might then have been the success of a practical adherence to the therapeutics of that author, cannot now be determined, except by inference. Its intelligent, judicious and successful superintendent, Dr. Kirkbride, in the early part of his career, took occasion, § 15, to caution physicians against pursuing "a course of treatment proper for inflammation of the brain," and there is good authority for the supposition that, in cases of mania unaccompanied by epilepsy, paralysis or apoplexy, or by some adventitious or incidental disease, he has never, during his management of that institution, practiced venesection.

Having demonstrated, satisfactorily to himself, the importance of treating mania invariably—for he admits of no exceptions—by venesection, Dr. Rush gives several rules agreeably to which it should be employed.

"1. It should be copious on the first attack of the disease. From twenty to forty ounces of blood may be taken at once, unless fainting be induced before that quantity be drawn. * * * It often prevents the necessity of using any other remedy, and sometimes it cures in a few hours."

If mania, as Rush endeavors so strenuously to prove, be seated "in the blood-vessels," and the blood be "generally diseased beyond that grade in which it exhibits a buffy coat," by what sort of legerdemain is the disease so suddenly removed, merely by the withdrawal of a portion, though actually large, yet relatively small, of the diseased blood? In what way does the remaining mass of diseased blood so quickly regain a healthy condition?

"2. It should be *continued* not only while any of those

states of morbid action in the pulse remain which require bleeding in other diseases, but in the absence of them all, provided great wakefulness, redness in the eyes, a ferocious countenance, and noisy and refractory behaviour continue."

The pernicious and deplorable effects of such copious and repeated abstraction of blood, have been sufficiently depicted by numerous authors quoted upon the preceding pages, §§ 7, 12, 22, 44, 49, 67, 75, 78, 83, 92, 96 and many others.

"6. The quantity of blood drawn should be greater than in any other organic disease. This is indicated not only by most of the reasons for bleeding formerly given, but by the *strong and uncommon hold which the disease takes of the brain*. Many circumstances prove this to be the case, but *none more than its not being cured, and scarcely suspended by the acute and painful disease of parturition*." He then quotes two from "many" cases of the success of profuse bleeding. In one of them, a man aged 68, he drew "nearly *two hundred ounces* of blood," in the course of fifty-six days; and in the other, when the practice was pursued by his "order," the patient lost almost *four hundred and seventy ounces*, at "forty-seven bleedings, between the months of June, 1810, and April, 1811."

It is now, I believe, a somewhat extensively prevalent opinion, that the existence of insanity is, of itself, an indication *against* bleeding, and that, when the physical symptoms require the abstraction of blood, the quantity should be less, *ceteris paribus*, from a maniac, than from a person in mental health, §§ 20, 42, 69, 78. The same reasons for abstinence from the use of the lancet in a large majority of cases, require caution and moderation when its employment is believed to be necessary.

The logic exposed by alleging the fact that the "acute

and painful disease of parturition," does not *cure* mania, as the most convincing proof of the tenacity with which the latter disease adheres to the brain, is not easily comprehended. Are the throes, the tortures, the anguish, bodily and sometimes mental; the temporary congestion of the brain, the excited circulation, the profound attack upon the nervous system, and, in the latter stages, the exhaustion, debility and prostration that accompany parturition, calculated to restore a diseased brain to its normal integrity? There is, indeed, a great reduction, temporarily, at least, of the vital forces, as well as the loss of a large quantity of blood;—and these appear to be the principles upon which the treatment pursued by Dr. Rush is based. Yet, in parturition, as he admits, they do not cure, they do not even "scarcely suspend" mania. On the contrary, it is known that they frequently produce it. What, then, becomes of this argument in favor of universal copious bleeding and other depressing agents in the treatment of this disease?

Although it be a large tax upon our credulity, yet it is not doubted that the patients who lost two hundred, and four hundred and seventy ounces of blood, respectively, recovered. Venesection has, undoubtedly, been practiced with much utility, in some cases. The question is not, shall we *never* bleed, but, shall we *always* bleed, and in such enormous, not to say outrageous, quantities? Nature, it is true, is a kind and gentle mother, watching over us with affectionate solicitude, and ever administering to our necessities. Patiently, and with long sufferance, she submits to the sins of ourselves and of those who practice upon us, and industriously endeavors to repair the injuries inflicted through wilfulness, ignorance, and false hypothesis. Were it not so, she would never assume the task of elaborating, for one per-

son, in the course of eight or ten months, the quantity of fourteen quarts, *extra*, of blood.

"After all the symptoms which call for bloodletting have disappeared," and the mania continues, cupping or leeching is recommended by Dr. Rush. When we recollect the number and variety of the indications for bleeding which have been mentioned, it may well be feared that a patient would become anaemic before the disappearance of all of them, and the leeches find but a small fountain of their favorite fluid.

Some of the other advocates for frequent bleeding demand a moment's notice.

The practice formerly pursued at Bethlem, as revealed by Crowther, Haslam and Monro, §§ 119, 120, 121, is so palpably and utterly absurd as to require no comment. It is difficult to conceive how it were possible, at so recent a period as 1815, that men of professional eminence in London should still uphold so gross an error. It is a remarkable example of the adherence to traditional customs, regardless of the question of their propriety.

Dr. Mayo, § 122, in his advocacy of depleting measures may rank, perhaps, next to Dr. Rush. But he who justifies bloodletting, although it produce a temporary excitement "amounting to a paroxysm," he who would bleed purposely to produce headache, in order to complete a "set of symptoms usually co-existent;" he who thinks that although bleeding may suppress the catamenia, yet that effect is "not worthy to be weighed against the general importance of bleeding," can not be open to conviction, either by argument or practical demon-

stration. His opinion, however, can have but little weight with others.

The reasoning of Mr. Farr, § 125, appears to betray more attachment to a system than a willingness to learn from experience. Although he has seen only "a few cases of acute mania," and, having "generally bled them," has not observed any "permanent benefit," and notwithstanding, by so doing, he acknowledges that he would "be acting under considerable uncertainty, where the life and reason of men are at stake," yet, nevertheless, he would "bleed patients again in the same circumstances,—on the principles of analogy." He does not inform us of the particular analogies which are thus esteemed as safer guides than practical, special knowledge.

Of the remaining authors who have been placed in this category, there is no one whose deductions can be questioned upon the ground of illogical inference from premises assumed. Among them are some of the most learned men who have graced the profession in the current century. They approve of frequent, but very far from invariable general bleeding, and base that practice, either upon a belief that inflammation is the *fons et origo* of the disease, or upon the results of experience.

Yet most of them assert or imply that venesection is to be resorted to with caution and discrimination. Prichard, § 123, has seen "mischievous results from it," and recommends it only "under due limitations." Burdett Steward, § 124, says that "large abstractions of blood are injurious, unless justified by the inflammation of an organ." Dr. Combe, § 126, acknowledges that we must not be governed by the condition of the pulse, nor by the mental excitement, as this may be caused by debility, and that he prefers local to general bleeding.

Fodéré, § 127, acknowledges that bleeding has been practiced with great detriment; that there are several conditions in which it can be resorted to only with danger; that mere "aberration of forces" is mistaken for augmentation of them, and that excitement may originate from debility. Even Broussais, § 128, affirms that copious bleeding, in acute mania, is not without danger, and that he has often seen patients whose disease was caused by the abuse of alcoholic liquors, die in a few hours after being bled. Foville, § 129, does not depend upon this means as a restorative, although, "in many cases," he "has seen the symptoms disappear as by enchantment" after its application. Georget, § 130, says that bleeding has been abused, gives rules for avoiding its "inconveniences," and often prefers local to general depletion. Deboutteville and Parchappe, § 132, would bleed "according to the constitution and strength of the patients," which, rightly interpreted, and in connection with a just appreciation of the symptoms, is sound doctrine. Rodrigues, § 133, testifies to the abuse of bleeding, and to its injurious effects in some forms of the disease. Spurzheim, § 134, in the second of the three classes into which, according to constitutional or acquired conditions, he divides the insane, remarks that bleeding is seldom necessary, and that if excessive, the disease is exasperated; and in the third class, he prohibits it altogether. It must be granted that this profound physiologist and minute observer has more accurately portrayed, according to my apprehension, the actual state of the insane in respect to the conditions forming the basis of the classification here alluded to, than any other author whose writings I have read. It is probable, however, that he would place in his first class—hypersthenics—many cases which persons having more experience than he in

the treatment of the disease, would transfer to the second or the third.

I now proceed to an analysis of the first series of authorities, from § 2 to § 115 inclusive. The force of the objections to bleeding, as well as the opinions in regard to the proper indications for it, can thus be more accurately estimated. The opinion that venesection has been too much practiced, is expressed by so many of the authors, that it is unnecessary to enumerate their respective sections.

Neither general nor local bleeding employed, §§ 10, 29, 37, 42, 43.

Neither mentioned ; hence inferred not to be used, §§ 35, 46, 70.

Both are injurious, § 53.

General bleeding not practised in mania, §§ 22, 25, 31, 32, 34, 41, 50.

Nor in any ordinary form of insanity, §§ 109, 110, 111.

Not mentioned ; inferred to be abandoned, §§ 28, 30, 33, 39, 45, 47, 56, 57, 58, 65.

It is not indicated in pure mania, §§ 76, 98, 103.

It is often injurious ; effects not specified, §§ 3, 4, 15, 21, 41, 66, 73, 99, 105, 108.

It increases excitement or aggravates the symptoms, §§ 6, 14, 17, 19, 27, 33, 74, 85, 88, 95, 98, 100, 107, 112.

Causes illusion, § 6 ; or epileptiform convulsions, § 115 ; increases irregularity of the circulation, § 100 ; impoverishes the blood, § 19 ; and converts melancholia to mania, §§ 96, 100.

It retards a cure, §§ 2, 11, 16, 18, 61, 72, 93, 98.

Renders the patient incurable, §§ 9, 16, 18, 29, 72, 91, 97, 98, 115.

Induces dementia, fatuity, idiocy, §§ 2, 3, 7, 11, 12, 18, 22, 44, 66, 74, 78, 79, 91, 93, 94, 95, 96, 97, 100, 101, 104, 107, 115.

Expend the vital force causing debility, prostration, exhaustion, §§ 6, 11, 19, 20, 27, 34, 44, 45, 61, 77, 106, 111.

And death, §§ 4, 9, 18, 22, 49, 67, 75, 78, 83.

It is "rarely necessary, generally dangerous," § 24; "scarcely admissible in any form of disease affecting the insane," § 60; "is always to be feared," § 52; "we can not be too guarded in the use of it," § 73.

Excitement, raving, &c., are not indications for bleeding, §§ 9, 17, 20, 66, 88, 102, 115.

They are no proof of inflammation, §§ 9, 80, 86, 87, 98, 99, 115.

Signs apparently indicating venesection, are often the *effect* of the excitement, not its *cause*, §§ 6, 17, 97, 107.

These signs, as well as the raving and violence, often arise from nervous excitement, irritability, or irritation, §§ 11, 16, 17, 21, 53, 115; or from asthenia or debility, §§ 18, 80, 82, 86, 91, 93, 99, 100, 102.

Mania originates in irritation, not inflammation, §§ 22, 29, 91, 100.

Insanity is a nervous disorder, §§ 16, 20, 49, 80, 97, 99.

A disease of debility, §§ 33, 42, 43, 56, 89.

Exhibiting excitement without vital power, §§ 73, 74, 75, 91.

It is not to be treated as inflammatory, § 15.

Inflammation is rare, § 100.

There "may be high excitement without even irritation, in a physical sense," § 80.

General bleeding is indicated in "very few cases," "scarcely ever," "rarely or never," "very seldom," "very rarely,"—conditions not specified, §§ 3, 24, 38, 42, 44, 48, 49, 63, 67, 80, 83.

"It may be," and "sometimes," "occasionally," or "rarely," is indicated,—conditions not mentioned, §§ 14, 15, 17, 54, 94, 100, 104, 113, 114.

It is indicated if there be phrenitis, or inflammation, §§ 9, 21, 40, 64, 73, 74, 86, 87, 100; in apoplexy and phrenitis, § 23; in entonic inflammation, § 6; in congestion or inflammation, §§ 88, 102, 112; in decided determination to the brain, § 59; in threatened apoplexy, § 66; in threatened apoplexy or paralysis, § 75; in real plethora or threatened apoplexy, § 76; in plethora and congestion, §§ 36, 81, 90, 96, 115; in the vigor of life, with plethora. and other urgent symptoms, §§ 11, 55, 68, 79, 82, 91, 97; when the patient is vigorous and plethoric, with great vascular excitement or congestion, §§ 13, 51, 83; in general plethora accompanied with hemiplegia or epilepsy, or threatened apoplexy or paralysis, § 69; when there has been physical injury of the head, §§ 9, 80; when the mania is caused by insolation, or by alcoholic drinks, if there be no debility, § 78; when there is "organic disease requiring the reducing plan," § 4; if there be a local affection of the brain which may cause "plastic abnormalities," § 103; occasionally in high excitement, § 52; or excessive circulation, § 78; when there is heat and pain of the head, with habitual epistaxis, §§ 67, 91; in suppressed hemorrhages, menses or hemorrhoids, §§ 73, 91, 95, 96, 97, 107, 115; in inflammation, irrespective of the mental disorder, § 62; sometimes before a paroxysm, § 95. General bleeding should be resorted to only "to meet special symptoms," § 20.

Bleed the insane less than the sane, § 20; they do not bear it so well, § 69; bleed "cautiously," §§ 11, 40, 61, 79, 96; "sparingly," § 42; "moderately," § 83; "not largely," § 91; "with great caution, even in the plethoric," § 78. The pulse alone is not a safe guide §§ 11, 76, 83, 91, 107.

Bleeding from temporal artery preferred, §§ 52, 78, 82; temporal artery or jugular vein, § 88; by an incision in the scalp, §§ 89, 90.

Instances of excessive bleeding related, §§ 7, 12, 96, 101.

Local bleeding, by cupping or leeches, in mania, is indicated if there be inflammation, §§ 21, 40, 44, 48, 86, 100, 102, 112; in "doubtful" cases, § 16; in congestion, §§ 11, 14, 26, 27, 28, 31, 36, 41, 56, 56, 62, 111; in plethora and congestion, §§ 80, 81, 96, 97; if there be much cerebral excitement, § 9; determination to the brain, §§ 41, 69; in the early stages, § 38; in recurrent mania, § 38; if there be heat of the scalp, and pain, and the patient be subject to epistaxis or hemorrhoids, § 67; when the menses are suppressed, §§ 14, 36, 47, 67, 83; in suppressed habitual epistaxis, or hemorrhoids, § 67, 83; or periodical and habitual discharges of blood, §§ 95, 96, 97.

It is indicated "in most cases," § 24; "frequently," §§ 32, 77, 78, 89; "occasionally," §§ 15, 42, 50, 108; "sometimes," §§ 47, 54, 65, 111, 114; "seldom" "rarely," §§ 33, 110; "very rarely," § 24.

Indicated,—conditions not mentioned, §§ 6, 20, 25, 30, 39, 45, 51, 57, 58, 60, 66, 90, 99.

It is preferred to venesection, and is to be governed by the degree of vascular action, § 34.

"Patients frequently solicit it as a boon," § 77.

It should be employed cautiously, §§ 62, 72, 93.

Its good effects are only temporary, §§ 6, 22.

Dr. Conolly, § 24, says it is indicated "in most cases," but that general bleeding is "rarely admissible, and generally dangerous;" and although Dr. Burrows, § 76, denounces venesection in all cases of uncomplicated mania, yet he asserts that local bleeding was "indicated in every case of recent insanity" which he had seen.

In melancholia, general bleeding is sometimes indicated, § 71, three authorities: one of them, Mr. Fox, expresses the same opinion in § 66. Of the fifty-two physicians to English Asylums who were questioned by the Commissioners in Lunacy in regard to the treatment pursued by them, these are the only ones who mention venesection. Local bleeding is sometimes indicated in melancholia, §§ 22, 95, and eleven authorities (of the fifty-two questioned) in § 71.

The whole depressing system of treatment condemned, in insanity, generally, §§ 4, 5, 6, 8, 10, 15, 29, 70, 72, 84.

Tonics mentioned as often necessary, §§ 8, 64, 70, 77.

Stimulants often necessary, §§ 10, 14, 18, 35, 91, 93.

Both tonics and stimulants often necessary, §§ 34, 43, 45, 55, 66, 99.

Advantages derived by a change from the depressing to the strengthening system, § 72; and by a change from bleeding frequently, to bleeding rarely, § 76.

Dr. Burrows, § 76, and Dr. Feuchtersleben, § 103, think that general bleeding has been too much condemned, yet the former asserts that "it cannot be justified," and the latter that it "is never indicated," in pure mania.

The comparatively recent investigations, by analysis in regard to the pathological conditions of the blood, particularly those of Andral, Hittorf, and Erlenmeyer, have thrown some light upon the subject under discussion. It will be found that so far as the results of those labors have any bearing upon the treatment of insanity, their whole force, without a particle of abatement, is directed against the use of the lancet.

Hittorf, who analysed the blood of maniacs, arrived at certain conclusions, among which are the following :

“1st. In acute mania, the blood does not undergo so great a change in its proportions as to lead, *a priori*, to the assumption of the fact.

“2d. The blood exhibits a diminution in the relative quantity of the globules, and an increase in that of water.

“3d. Mania is not the cause of the alteration in the proportion of these elements of the blood, that alteration being dependent upon the constitution of the patient.

“4th. This form (mania) of insanity never exists conjointly with an acute phlegmasia.”

The first deduction does not substantiate the assertion of Rush, that the blood is generally diseased beyond the conditions for the formation of the buffy coat. By the second, it appears that natural causes have produced the identical abnormal condition which is the result of copious bleeding. The blood has already too much serum and too few of the red globules. Shall we increase this disproportion artificially, or shall we rather endeavor to remove it? Erlenmeyer asserts that this form of serous crasis “occasionally becomes the cause of insanity.” If it be the cause, much more, if the serous crasis be increased, will it become a source of aggravation to the disease.

In this connexion it is worthy of remark that Scipion

Pinel, § 98, whose treatise was written prior to the investigations of Hittorf and Erlenmeyer, intimates his belief that "the active element of irritation," in all sanguine congestions, is in the serum of the blood. The red globules and the fibrine are the most nutritive portion of this circulating fluid. If, therefore, Hittorf's second deduction and Erlenmeyer's assertion be true, we have one plausible explanation of the origin of insanity, even violent mania, in many debilitated and anaemic persons, (§§ 18, 33, 42, 43, 56, 80, 82, 86, 99, 102, &c.,) of the frequent increase of excitement and aggravation of the symptoms, (§§ 6, 14, 17, 19, 27, 33, 74, 85, 98, 100, 117, and others,) the perpetuation of the disease, or the conversion of it into dementia, (§§ 1, 3, 12, 44, 66, 79, 91, 101, 115, and many others,) and, finally, of the increased debility, the prostration, exhaustion and death which are so frequently attested to (§§ 4, 6, 9, 11, 18, 19, 20, 22, 27, 34, 44, 45, 49, 61, 67, 75, 77, 78, 83, 105, 111,) as the results of the abstraction of blood.

Again, the chemical analysis of both the blood and the several organic tissues have led the physiologists to the hypothesis that the red globules are especially devoted to the nourishment of the muscular and the cerebro-nervous system, and the fibrine to that of the fibro-cartilaginous. But bleeding diminishes the proportion of globules, leaving that of the fibrine unchanged. Hence, admitting the truth of the hypothesis, venesection abstracts from the system an especially undue amount of the particular aliment of the brain and nerves,—the substance which *alone* can preserve the equilibrium of action of the cerebro-spinal system, reproduce its substance, and thus compensate for the wear and tear which is augmented by the constant excitement and violence of mania. Here, then, we find a confirmation of the foregoing explanation of

the detrimental effects which have so often been the consequence of venesection, in diseases affecting the manifestations of the mind. Forty years ago, the buffy coat of abstracted blood was believed to be an infallible indication of inflammation. Now, it is known to be the production not only of a phlegmonous state, but also of its opposite,—debility or anaemia, as, for example, in chlorosis. Who can assert, that in the six cases mentioned by Haslam, and quoted by Rush, § 136, the buffy coat was not the production of a condition opposed to inflammation? Andral has demonstrated the fact that the generally essential condition for the formation of the buffy coat is a change in the relative proportion of the fibrine and the red globules. But bleeding changes that relative proportion by diminishing the quantity of globules relatively to the whole mass of blood, without diminishing that of fibrine. Hence, the more venesection is employed in a given case, the greater is the probability, other things being equal, of the appearance of the buffy coat.

The pathological effects of plethora and of anaemia, are in several respects identical, § 102. “Plethora, as well as anaemia,” says Romberg, the eminent professor at Berlin, “is followed by vertigo, optical and acoustic hyperaesthesia. Anaemia, especially in the female sex, is the most frequent basis of hyperaesthesia. It seems as if pain were the prayer of the nerve for healthy blood.”* So, most assuredly, in many cases, are the excitement and delirium of mania “the prayer” of the brain for a more bountiful supply—and sometimes more nutritious in quality—of the fluid upon which its vitality depends. How often have we seen a good substantial meal appease the turbulence of the maniac! How often we have known excitement allayed, and all the unfavor-

* A Manual of the Nervous Diseases of Man. London Edition. Vol. 1, p. 9.

able symptoms of mania quickly diminished, by the judicious exhibition of stimulants and tonics!

Most of the pathological consequences of the loss of blood mentioned in the following extract from the writings of Marshall Hall, are identical with those which may originate from excess of the sanguineous fluid. "Throbbing pain of some part of the head, a sense of pressure, as of an iron nail or of an iron hoop; intolerance of sound, of disturbance; sleeplessness; a state bordering on delirium; actual delirium, or even mania; some convulsive affection, perhaps epilepsy itself, are the affections which most frequently result from the loss of blood."* As, in insanity, one or more of these symptoms or conditions is almost always present, the necessity of a just appreciation of the *actual* state of the circulation, undeceived and unbiassed by factitious appearances, is evident. Otherwise, we may aggravate the condition which we intend to remove.

There is a sthenic congestion and an asthenic congestion; an inflammation from augmentation of the vital power, and an inflammation from its diminution, exalted or perverted action from plethora, and exalted or perverted action from anaemia, a general excitement produced by abnormally increased nervous force, and a general excitement the result of abnormally depressed nervous force. All these pathological conditions may be *active*, or, on the contrary, they may be *passive*. This truth can never be safely forgotten or overlooked by any physician,—but especially by the physician of the insane. If, heretofore, there have been great errors in the treatment of insanity, and for a solution of this question it is only necessary to refer to the foregoing pages, those errors have frequently arisen from a mistaken notion of the real pathological con-

* Diseases and Derangements of the Nervous System. p. 353.

dition in which it often has its origin. It has too generally been believed to be a disease essentially sthenic in its character, whereas, at least in latter years, it is, in a very large proportion of cases, asthenic. The symptoms or effects of mania are salient, glaring, startling. The perturbation, the excitement, the raving, the violence of gesticulatory and other muscular action, all, in themselves, the offspring of power, and of power alone,—at least of so much as is necessary to their production,—convey to the beholder the impression that the vital force is too abundant, that there is a redundancy of it in the system, a too copious elimination of it by its primary source, and that, too, depending upon a *permanent ability to continue that copious elimination*. Never, in many instances, were appearances more deceptive. That power is often as the extremities of the branchlets of the tree—the product of the current year. The wealth of sap which produced them is wasted, and, tracing its channels downward, we find the root which furnished it dry, its powers exhausted and gone, or about to go, to rest. “We know,” says a recent reviewer, supposed to be Dr. Forbes Winslow, one of the highest authorities of the present day in all matters relating to psychiatry, “that, in *the great majority of instances*, insanity is an asthenic malady, requiring tonic treatment.”* Similar views are entertained by many of the authors heretofore quoted, and among them, the writers of §§ 18, 33, 42, 43, 56, 89. Others, as Winslow, § 73, Seymour, § 74, and Guislain, § 99, describe the disease as often exhibiting excitement without radical vital power; and Burrows, § 77, brings a powerful argument to the support of these views, when he alleges the fact that “*sudden prostration*

*Journal of Psychological Medicine and Mental Pathology. July, 1851. p. 347.

most unaccountably often follows (venesection) where the symptoms seem to justify bleeding." And he would require much more violent symptoms than some other physicians, for the justification of a resort to the lancet.

Even under the existence of anaemia, particularly if that condition be not extreme, the plethoric phenomena of flushing of the face, redness of the conjunctivae, turgescence of the blood vessels of the head, violent throbbing of the carotids, and perhaps fullness of the radial pulse may be produced, either by physical excitement, or by irregular and unequal distribution of blood.

What shall be said of the fourth deduction of Hittorf—that mania never exists in conjunction with an acute phlegmasia?

Much of the preceding discussion is not irrelevant to this question, but its importance demands a more special notice. Drs. Sutherland, § 22, and Kirkman, § 29, remark that they believe the pathological condition of the brain observed after death, to be the effects, not of inflammation, but of irritation. Feuchtersleben, § 103, asserts that in uncomplicated mania venesection is never indicated; Dr. Burrows, § 76, that it cannot be justified, and Drs. Sutherland, Corsellis, § 25, Thurnam, § 41, and several others, that they never practise it. Guislain, § 99, says that general bleeding is indicated when there is "a full, tense, frequent pulse, beating of the carotids, injection of the conjunctivae, general swelling of the face, heat of the scalp and oppression of the thorax." Yet so rarely does he find this combination of symptoms, that, with an average resident population of five hundred patients, he does not resort to the lancet once in five years. To this weight of authority may be added that of numerous physicians quoted in the sections pointed out in the index, asserting that insanity is a disease of nervous irritability,

of irritation, debility, &c., and not of inflammation. Even Crowther, § 119, the wholesale dealer in the lancet, enveloped as he was in the fog of traditional practice, learned that phrenitis is not the general cause of mania. "The best argument," says Dr. Henry Monro, "that inflammation of the brain is no essential condition of insanity is, that extravagant insanity so often exists without the least trace of it. Inflammation, if it exists, is not of a very active nature, and will not bear antiphlogistic treatment."*

It is remarkable that the condition of the pupil is not more frequently alluded to by authors, in their endeavors to ascertain the essential lesion from which insanity originates. In many cases of the most furious mania, and that, too, not unfrequently in robust, or plethoric persons, the pupil remains of its natural size. Sometimes it is even dilated. The cases in which it is generally most contracted are those of slender, nervous, perhaps debilitated persons, in whom there are various evidences of high excitability, and who not only tolerate but require a tonic, sometimes a stimulant treatment.

Some physicians have generally, in cases of violent mania, almost immediately resorted to opium or its preparations, nor halted in the increase of the dose until the violence was subdued. We have no evidence that their treatment was less successful than that of others. These facts strongly corroborate the idea that there is generally no pathological lesion such as we are accustomed to associate in the mind with the word *inflammation*. The same is true of the plan pursued by Dr. Benedict, § 10, whose patients, although "in a perfect fury of excitement," generally demanded "nutritious diet and brandy punch."

* Remarks on Insanity, its Nature and Treatment. London.

But no other physician with whose writings I am familiar, has arrived at what may properly be termed the ultra point asserted by the aforesaid analyzer of the blood of maniacs. Like sometimes begets like; but one extreme is very much inclined to produce its opposite. At such extremes are Rush and Hittorf. The latter must, of course, exclude acute phrenitis from the scope of his deduction. This done, he is unquestionably much nearer the truth than he who supposes mania always to be based upon inflammation.

Fifty years ago, delirium tremens was not recognized as a distinct disease. Its subjects were classed among, and called maniacs. It was believed to be inflammatory, and therefore treated by vascular depletion. Mark the results. Prichard and Broussais testify to the suddenness of prostration and death which often followed the practice. Even Rush advises not to bleed so largely in cases originating in the use of spirituous liquors, as in others. The lancet has long since been almost wholly abandoned, the narcotic and stimulant treatment adopted, and delirium tremens ranks among the diseases of greatest curability. So with puerperal insanity. Gradually, more and more extensively it has been perceived to be a disease of a species of irritability, rather than of inflammation,—or, if an inflammation, one which will not often tolerate depletion. Bleeding, if I am not mistaken, is at length very generally abolished in its treatment. Has the profession still to learn the same great truth in regard to almost all the forms of insanity? The physicians of the hospitals for the insane have already learned it. Let me not be misunderstood. I believe that bleeding may be safely practised, that it is even required somewhat more frequently in insanity generally, than in the two specific forms just mentioned. As a

rule, however, the same principles of treatment, as well as the same doctrines of pathology, are applicable alike to the whole.

In 1827, during the transition from the old to the new ideas of the pathology and therapeutics of delirium tremens, Dr. Coates, of Philadelphia, published an excellent article in the North American Medical and Surgical Journal, in which he says, "*this disease is a delirium and not a mania.*" But what is violent, raving mania, if it be not a delirium? As Dr. Coates writes of the former, many of the authorities herein adduced believe of the latter, that "it consists in a heightened activity of the sensorium, and this appears to arise from the generation in that organ, of an unusual vital power."* As he affirms of delirium tremens, so we know that perhaps to an equal extent, mania is "under the control of opium." Dr. Benedict, § 10, asserts that the two diseases "resemble each other in many of their symptoms and post mortem appearances;" and Dr. Winslow, § 73, remarks of mania, that "the brain, pathologically considered, is in a condition resembling that of delirium tremens."

There is too much reason to believe that many cases of mere cerebral or cerebro-nervous irritation, accompanied by delirium, by what specific name soever that delirium may be called, are still mistaken for sthenic encephalitis of an acute and alarming character. This error of prognosis induces an error of treatment, and the result is detrimental, fatal. Such, perhaps, are some cases marked by a group of symptoms mentioned by Dr. Macdonald, § 14. These occur in insanity other than puerperal, and in men as well as women. Such, also, it is probable, are most of the cases of that comparatively

* This expression "unusual vital power," is apparently intended to be essentially the same as that of Dr. Winslow, § 73,—"*excitement without power.*" That is, the vital power is *active* but not *enduring*.

recently recognized form of disease, a compound as it were of mania, typhus, delirium tremens and hysteria, of which Dr. A. V. Williams reported some cases, several years since, in the "Journal of Insanity," and which was subsequently more fully described by Dr. Bell. This disease, even in the asylums, was formerly treated by depletives, but now—and as the only ground for hope—by stimulants. Both of these classes of cases may probably be arranged under the nosological term "Mania," without infringing upon the rule of Hittorf's deduction. But in the whole circle of psychic disorders, there is no point at which the knowledge and acumen of the physician are brought to more severe a test, than in the discrimination between some of these cases and those which arise from absolute acute inflammation of the brain. Finally, notwithstanding these numerous arguments in favor of the approximative truth of Hittorf's fourth deduction, I think that, *according to the generally prevalent idea of the comprehensiveness of the word "Mania,"* it is too sweeping in its application, and that it was derived from the analysis of the blood of too small a number of patients to be received as a truth demonstrated.

It is a somewhat prevalent opinion, that disease, in general, implicates the nervous system more seriously, perhaps at the present time than in former centuries—an idea which might be inferred *a priori*, from the higher state of civilization, and the consequently greater development of that system. It is almost universally believed that insanity is increasing in a greater ratio than the increase of population. Leupholdt* asserts that all forms of the neuroses have become more and more developed, particularly in the course of the last century. Feuchtersleben† advances the idea that in the seventeenth,

* Geschichte der Gesundheit und Krankheit, p. 136.

† Principles of Medical Psychology, p. 51.

and the first half of the eighteenth century, the mass of mankind enjoyed a state of such vigorous health, as, upon the invasion of disease, to require the antiphlogistic system of Sydenham, and that, from that period to the present time disease has gradually more and more deeply affected "the roots of life," until it has finally fixed itself in the nervous system. Dr. Smith, late of the Ohio State Lunatic Asylum, mentions, § 18, "the asthenic character of disease, now becoming so marked in the great Western valley." Hechenberger, of Vienna, asserts that a "predominant erethistic vital debility is the fundamental characteristic of the present generation," and Dr. Engelken, of Bremen, § 105, alludes to what he calls "the convulsive erethism so common in our times." I shall attempt no discussion upon the merits of these opinions, but the present very prevalent idea that insanity is a nervous, §§ 16, 20, 49, 80, 97, and not an inflammatory, vascular disease, §§ 22, 29, 91, 100, tends to corroborate them.

It is not impossible that during the period in which Dr. Rush was in active life, disease in all its forms, in this country, not only involved the nervous system less than at the present time, but more seriously implicated the circulation, and hence required a more heroic method of attack for its subjugation. It is certainly easier to believe that this was the fact, than to conceive that an acute and sagacious observer, a learned and profound medical philosopher should have formed and promulgated opinions in regard to the treatment of insanity, diametrically opposed to those of many of the most experienced physicians of the present day, and so extreme in their character that but few can now approach them, to any point of near proximity.

A fact, which would have been introduced in a more appropriate place, had it not escaped attention, may here be mentioned. Brierre de Boismont, a French physician of enlarged experience in the management of the insane, formerly advocated the treatment by bleeding of active mania, giving preference to venesection rather than cupping. He now treats that form of disease by prolonged tepid baths, with cold effusion to the head, and asserts that his success is greater than it was by any other method.

From all that precedes, it may fairly be inferred that mental derangement, what form soever it may assume, is not, of itself, an indication for bleeding; but that such indication may exist in the presence of some symptoms, or some condition of the body.

Many authors think that a state of suppressed menstruation, hemorrhoids, or of other periodical or habitual discharges, is one of those conditions. Now, it is well known by persons who have much experience in insanity, that in females there is no constant relationship between the pathological mental condition and the mensual exudation. Some women become insane, continue so for months, and recover, without any interruption of the regularity of their monthly periods. In some, the mental disorder *precedes*, while in others it *follows* the suppression of the menses. When these have been suppressed, either before or after the invasion of insanity, they may return without having any curative effect upon the mental disease. Some patients recover soon *after* the reappearance of them, others *before* their reappearance. When the menses continue regularly through the progress of insanity, in some cases there is an exacerbation of the physical and the psychic excitement at the periods, but

in others, and I believe it may be said the majority, no such exaltation occurs.

For these reasons, even if there were no others, I apprehend that suppression of the menses is not, of itself, an indication for the artificial reduction of the quantity of blood. It is not this incident alone, but the general corporeal condition upon which this incident may depend, that is to be our guide towards a proper therapeutic treatment. The probability is, that the insanity and the suppressed menstruation both originate from the same abnormal condition, not that either of them is either the cause or the effect of the other. Therefore, whether the patient be plethoric or anaemic, restore the system to its normal vigor and tone, and nature will call her subordinates to the execution of their neglected functions. The same principle will hold good in reference to the other discharges alluded to or mentioned.

In regard to apoplexy, paralysis, convulsions, &c., they are to be treated as if the mind retained its normal integrity, with the exception, perhaps, of the fact—or the assumption, provided it be not proved a fact—that the insane do not tolerate the loss of blood so well as the sane.

Among the divers arguments in favor of the abstraction of blood, there is no one which more strongly bears the impress of absurdity and of error,—because it is opposed to the knowledge acquired by all accurate, if not all *common* observation,—than the manifestation of “strong maternal feelings,” the outward expression of the affections, advanced by Dr. Mayo, § 122. It appears to me that a maxim more deleterious in its consequences, if adopted in practice, could hardly be conceived. In whom are the emotions, judging of them by their expression, the strongest? Is it in the sanguine, the robust, the

plethoric, those of strong constitution; or rather in the nervous, the gentle, the delicate, the fragile, those who have neither a superabundance of blood, nor a constitution remarkably vigorous? Let daily observation answer. Shall the accoucheur meet with the lancet that remarkable emotional sensibility which so often accompanies the exhaustion of labor, and immediately succeeds delivery? Not if he be a good physiologist or psychologist, or a safe practioner. No less should he abstain from the withdrawal of blood, under similar circumstances, in insanity. Guislain has had far greater experience than Mayo, and he informs us, § 99, that "the moral excitability of patients becomes more intense after they have been bled." It may be added that I once saw a remarkable exemplification of the truth of this, in an insane man, upon whom venesection had been practiced.

Before closing I may be allowed a few words in regard to my own experience.

My first impressions in regard to the disease, were such as to induce a pretty frequent resort to topical bleeding, and occasionally to venesection. My practice became, however, essentially modified, as my knowledge of the disease increased. An accurate idea of it may be obtained from the following synopsis.

In the course of the four years from 1845 to 1848, both inclusive, the cases of most recently developed insanity, and of the first attack, received into the Bloomingdale Asylum, were as follows :

19 cases in which the disease had existed from 1 to 7 days.			
11	"	"	8 to 10 "
31	"	"	11 to 14 "
14	"	"	15 to 21 "
2	"	"	22 to 28 "

Of these *seventy-seven* patients, *eight* had been bled by venesection, and *seven* by cups and leeches, before admission. Of the *eight* bled from the veins, *four* recovered and *four* died. Of the *seven* bled locally, *five* recovered and *two* were discharged in different degrees of improvement.

At the asylum, venesection was not resorted to for either of the seventy-seven patients. *Seven* of them were cupped, and *all* recovered. In one of these cases the cupping was practised as a precautionary measure against a rapidly increasing plethora, in an advanced stage of convalescence. In another, the patient had been leeches before admission. In a third, the patient was a robust, athletic, plethoric young man, a farmer, whose disease was of very sudden invasion, and violent in form. He was bled from the arm three times in the first few days. After coming to the asylum he still appeared too plethoric. I ordered cupping on the nape of the neck. When but three ounces of blood were drawn, he fainted—a confirmation of the assertion of Dr. Burrows, that prostration follows sanguine depletion even when the symptoms appear to indicate it, as well as of the alleged fact that the insane cannot tolerate this treatment as well as the sane.

The result of all the cases was as follows: *recovered*, 52, including five discharged during convalescence, which regularly progressed to a cure: *improved* in various degrees, eight: *unimproved*, five: *died*, twelve. Of the patients not cured, four were removed after a residence of but four, ten, seventeen, and thirty-five days, respectively, and consequently did not receive a fair trial of curative means. Several of those who died were not removed from home until much prostrated. One died in but one day after admission, one in two days, two in three

days, and two in seven days. One of the remaining six died of ship fever. He was considered curable before attacked with that disease.

To illustrate the effect of experience upon my practice in regard to bleeding, even locally, the four years may be divided into two periods, and the results of treatment given.

In 1845 and 1846, admitted, 32; cupped, 6; cured, 21; equal to $66\frac{2}{3}$ per cent. In 1847 and 1848, admitted, 45; cupped, 1; cured, 31; equal to 68 per cent.

Thus, of thirty-two patients received in the first period, six were cupped, while of forty-five in the last period only one was cupped, and the per centage of cures was increased.

Besides these cases, there was a considerable number, also recent, of periodical or recurrent mania. It is not essential to give a detail of the practice in these. The general result would not be materially affected thereby. If modified at all, it would be in favor of abstinence from bloodletting in any way.

A reply to the proposition at the commencement may now be attempted. It is evident, however, from the very nature of the case, that no positive, definite answer, couched in terms as fixed as the figures representing numbers, can be given. It must be merely approximative. I shall endeavor to convey it in a series of facts, truths or inferences, which I hope are fairly deduced from the substance of the foregoing pages.

1. Insanity, in any form, is not, of itself, an indication for bloodletting.

2. On the contrary, its existence is, of itself, a contra-indication. Hence, the person who is insane should,

other things being equal, be bled less than one who is not insane.

3. The *usual* condition of the brain, in mania, is not that of active inflammation, but of a species of excitement, irritability, or irritation, perhaps more frequently resulting from or accompanied by anaemia, debility, or abnormal preponderance of the nervous over the circulatory functions, than in connexion with plethora and enduring vital power.

4. The excitement, both mental and physical, produced by this irritation, can, in most cases, be permanently subdued, and its radical source removed by other means, more readily than by bleeding.

5. Yet insanity may be coexistent with conditions,—such as positive plethora, a tendency to apoplexy or paralysis, and sometimes sthenic congestion or inflammation, which call for the abstraction of blood. Therefore,

6. Venesection in mental disorders should not be absolutely abandoned, although the cases requiring it are very rare.

7. As a general rule, *topical* is preferable to *general* bleeding.

8. In many cases where the indication for direct depletion is not urgent, but where bloodletting, particularly if local, might be practiced without injury, it is safer and better to treat by other means, equalizing the circulation and promoting the secretions and excretions.

9. The physical conditions requiring bloodletting more frequently exist in mania than in any other of the ordinary forms of mental alienation.

10. Insanity following parturition, other things being equal, is to be treated by bleeding less frequently than that which has its origin in other causes.

11. If the mental disorder be the direct result of injury

to the head, the treatment must be directed to the wound, or its physical effects, not specially to the psychic condition.

12. In many cases where insanity is accompanied by typhous symptoms, and in some where the aspect is that of acute phrenitis, active stimulants alone can save the patient, and direct depletion from the circulation is almost certainly fatal.

Believing that this essay bears within itself abundant evidence of the necessity of *some* work of its kind, I shall offer no apology for presenting it to my fellow members of the medical profession. In extenuation of some of its many imperfections, it may be mentioned that the manuscript was forwarded to the printer in parts, as rapidly as it was prepared. The first pages had passed through the press even before the extracts from many of the authors had been collected.

It was not without difficulty, and many misgivings, that the attempt to arrange the opinions of the various writers quoted into two very distinct, and, to some extent, antagonistic classes, was carried into execution. Those opinions were so diverse, that they form an almost regular gradation from the entire disuse of the lancet to its nearly constant, unexceptional use. It is possible that some have been placed upon the wrong side of the broad line of demarcation which has been assumed. The authorities appearing the most nearly to approximate an exact medium between the two extremes, are Dr. Bryan, § 51, of the first series, and Drs. Prichard, § 123, and Combe, § 126, of the second. Yet, if their language be considered in connection with a proper understanding and appreciation of the nature of the disease

in question, it is believed that the position assigned to each, is that to which he is most justly entitled.

The assertion by many of the authors in the first series, that bleeding is indicated if there be inflammation, was not deemed as any evidence that it is *frequently* indicated. But few truths in pathology are better established than that active sthenic inflammation is of very rare occurrence in those forms of disease ordinarily included under the general term "Insanity."

ARTICLE II.

ON THE CONSTRUCTION AND ORGANIZATION
OF ESTABLISHMENTS FOR THE INSANE. By
HENRI FALRET, Docteur et Médecine de la Faculté
de Paris. *Translated from the French.*

[Concluded from the January No., p. 267.]

CHAPTER III.

ON ORGANIZATION.

All collections of men require organization, order and uniform rules. But in an asylum for the insane, they are, for two special reasons, still more indispensable; the insane require constant surveillance to guard against the dangers to which their disease exposes them, and they should be so placed, that exterior circumstances may exert upon their minds a therapeutic influence. The attainment of these two ends, administrative and medical,

gives to the study of the organization of an asylum, a particular importance; they may be attained by the same means, but often different ones are required for the accomplishment of each. The physician should never sacrifice the medical end to the administrative.

To organize an asylum then, is to regulate all that concerns the insane, and those by whom they are surrounded; it is to fix the employment of each hour of the day: to point out the duties and obligations of each: to determine the different kinds of occupation and recreation, of rewards and punishments, applicable to the insane: finally, it is to regulate the *personnel* of the establishment, the number of persons employed, and their respective duties. Such are the questions we shall successively examine in this chapter.

Rules.—They consist in regulating, 1st. the distribution of time, from rising in the morning until the hour of retiring at night: 2nd. all that concerns the maintenance and cleanliness: 3d. the surveillance: 4th. the visits of the physicians: 5th. the visits of strangers, who come to see either the patients, or the institution.

All these regulations should be inspired by "*la pensée médicale*;" in regard to the treatment and happiness of the patients, they are of the highest importance.

Every man has need of a rule of conduct; but its self-imposition requires a clear and enlightened reason, and a sufficient force of will, which we do not find among the insane: they are no longer able to exercise their own free will, nor have they the discernment necessary to estimate things at their just value, the impulses and sentiments are changed, altered from the normal state, and sometimes even entirely obliterated; a well defined rule then, becomes necessary. It should be clear and posi-

tive, comprehending all acts susceptible of regulation, both in regard to themselves and others.

Established rules enforce conditions of obedience and control, without wounding self-love, or provoking irritation, because they apply to all, instead of being imposed arbitrarily on each.

The physician can find no better method for governing the minds of the insane than that which applies itself to all the actions of the day, and comprises at once precept and application; he can not but find it the most pleasant and the most sure. This is so true, that the incurable insane, even, in a well conducted establishment, have in their actions, the appearance of reason. To make the patients submit to the regulations of the house, it is not necessary to use coercion or punishment; a signal to recall to mind what they should do at such or such an hour, and the influence of example, induce obedience much more surely than all imaginable restrictions.

To leave the least possible foundation for delusions, numerous points of support should be given to the mind to rectify them. The actions of a day, submitted to fixed rules, are as so many guide posts in the path of reason; it is necessary, then, that they should all be regulated, and that we should endeavor in some manner to mark them by signals easily understood. Their occupations should be diversified, in order to break as much as possible the wearisome monotony; still more, one thing should never predominate over another; work over recreation, waking over sleeping or *vice versa*.

Great importance should be attached to cleanliness, and all infractions of the patients in this respect carefully repressed. The insane should be taught neatness, not alone in regard to their own persons, but to all articles which they use. They should take their meals in com-

mon, with napkins, spoons and knives, as in private life ; only the knives should be rounded at the point. In some of the establishments, the tines of the forks are but half an inch long, as at Siegburgh ; in others, plates, knives, spoons, forks, &c., are of wood ; and in some, the violent are entirely deprived of the use of them, and eat with their fingers. We think that with a view to neatness, it is indispensable to furnish the generality of the insane with eating utensils, and that it is not necessary to make them of any peculiar shape or material ; it only awakens suspicion and excites irritability.

The end to be had in view, is to have the habits and customs of the insane resemble, as much as possible, those of ordinary life, and this does not prevent providing for the wants of some particular cases, where it becomes altogether indispensable.

The pockets of certain dangerous patients should be examined at night, to take from them objects they may have accumulated during the day. Their clothes, too, should be taken away at night, to prevent their tearing and destroying them, and that they may not serve as means of suicide or escape. In the employment of the different hours of the day, the surveillance should be continued every instant, and at night a certain number of watchmen are indispensable. The attendants, in the eyes of the insane, should be more to serve them than command ; they should not formally contradict them, nor still less, flatter their ideas ; this just medium, which is very difficult to obtain, especially by attendants who have not received the proper education, should, nevertheless, be the end aimed at.

A physician should visit the patients at least once a day, and by preference, in the morning. Instead of visiting them in their rooms as other patients, and as is done

in some establishments, it is best to visit them when they are gathered together in the work-shops; then a judgment is more easily formed of their mental condition, all the patients taken in and appreciated at a single glance, and the attention arrested by those who require it more particularly.

The relations of the insane to the exterior world, to their parents and their friends, should be the object of special care, and the physician alone should determine the time, subject and duration of their interviews.

If admittance to the asylum must be interdicted to all visitors drawn thither by curiosity, the doors should be always opened to those who are animated by zeal for science and for the well-being of humanity. Correspondence is almost always, to the insane, a cause of excitement, and keeps up their delirium, the concentration of the mind, especially, where there is delirium, is less calculated to calm than to excite: generally, correspondence should not be allowed, at least not frequently. But there are some cases, where, instead of producing excitement, it has a salutary effect; besides, it is for the physician an excellent means of revealing to him their mental condition, and ascertaining the nature of their derangement; for, if sometimes in their letters there is an absence of delirious ideas, it is an exception, and only to be explained by the momentary effort which the patient is obliged to make to collect his thoughts.

Occupations and Amusements for the Insane.—Since Pinel (1) has demonstrated the happy effects of occupation in asylums, all physicians concur in the opinion that it is one of the most important principles in the treatment of the insane, and in the organization of the establishments destined for their reception. Is it not the best and most

(1) *Traite medico-philosophique sur l'alienation mentale*, p. 237.

effectual way of regulating their life, of fixing their attention, of diverting them, of giving their faculties a positive and well determined direction, in one word, of regulating their physical and moral actions?

For the class of curables, it is a powerful means of recovery, and for the incurables, it procures tranquility and all the happiness compatible with their mental condition. In all cases, it is a salutary restraint, which prevents evil habits from gliding into asylums, and corrupting and demoralizing the patients.

But what species of occupation should be chosen? Should it be alone in accordance with their tastes, or rather should we impose some particular work?

If the taste of the insane should generally be consulted, this ought not to be an invariable rule; because, independently of cases where such occupation might prove injurious, there are certain circumstances where it would be useful to constrain them to follow some pursuit not agreeable to them, because it would exercise more actively their faculties, and divert their minds more perfectly from their insane ideas.

In all cases, it is not the profit which might accrue to the establishment from the work of the patients that should be taken into consideration, as is often done, but, rather the influence a special kind of occupation may exert upon a particular series of ideas. The conduct of a Scotch farmer, mentioned by Gregory (1.) can not be too strongly reprehended, who worked the insane for the culture of his grounds, and who worked them like beasts of burden.

The fear of damage, or of pecuniary loss, should not prevent entrusting the insane with work, because they do not always discharge it according to established rules.

(1) Pinel, *ouvr. cite*, p. 312.

We should always give a useful and attractive end to the various pursuits, in order to encourage and excite their zeal; it is well to join, also, as much as possible, occupation for the mind, not alone endeavor to furnish work for their hands, but seek to direct their ideas and sentiments.

The cultivation of the ground unites the most advantages; it is varied, offers immediate results, and is agreeable and productive; it fatigues the body, calms excitability, promotes energy of cutaneous action, induces appetite and sleep; it amuses the mind in drawing the attention to exterior objects, suspends the ramblings of imagination, opposes itself to the concentration of ideas and gives them a positive direction.

Unhappily, work in the fields is not practicable at all times, nor for all the insane; there are days and seasons when it would be injurious, even impossible, for example, in times of excessive heat, or cold, or in continued rainy weather. Moreover, whatever certain physicians may assert, among others Jacobi and Roller, it is not applicable to all classes of society, and the greater part of the rich positively refuse. However, in certain cases, for example the establishment at Gloucester, the rich patients are induced to this work by the satisfaction of having at their table the products of a garden cultivated by themselves (1). Mechanical labor is less within the reach of the generality of the insane; localities, however, produce great differences in this respect. Thus, some of the establishments in England, and principally that at Wakefield, are transformed into perfect Manufactories.

Weaving and the fabrication of carpets, baskets and mats, are in practice in most of the establishments.

In assigning to each patient, even the demented, work

(1) Ray, *journ. cite*, p. 362.

suited to their capabilities, and in directing even the weakest forces toward a common object, considerable results can be obtained; we cite, as an example, the quantity of work accomplished by the inmates of the institution at Salpêtrière, which is one of the first French asylums where work has been considered honorable.

The means of occupation can not be varied to satisfy all emergencies; but in each establishment, the preference should be given to those most in accordance with safety, the manners of the country, the order and usefulness of the house.

Aside from agricultural labor and the mechanical trades, certain amusements are recommended, such as playing at tennis, ball, shuttlecock, bowling, &c., which both divert the mind and fatigue the body. We would say as much, too, for billiards and dancing: applied by a skillful physician, aided by intelligent auxiliaries, all these recreations have a happy influence in the cure of mental maladies. Shall we accept the method suggested by Reil, (1) and so much praised by Horn, (2) which consists in transforming the insane of both sexes into soldiers, and having them go through military exercises, as has been practiced a long time at Sonnenstein? These exercises which, perhaps, are in harmony with the manners of Prussia, seem to us altogether out of place in French asylums. Applied to females such an occupation seems to us truly ridiculous.

Occupation for Women.—Several of the occupations for men can be undertaken, too, by the women, the culture of the ground, for example; but in general we should prefer for them the indoor occupations ordinarily reserved for women, such as sewing, washing, ironing, cooking, &c.

(1) *Rhapsodien*, p. 240. (2) *Öffentliche Rechenschaft*, p. 251.

Among the higher classes, the women should be provided with occupations to which they have been accustomed in society; walking, riding on horseback, or in a carriage, dancing, cards, and, above all, music.

Music.—Some physicians have attributed to music wonderful effects; they have believed that it can produce on the insane a complete and lasting amelioration. Though considering these results as exceptions, we believe that music may be ranked among the most pleasing occupations, and useful recreations. There should be in an asylum instruments for music; and, above all, the patients should be exercised in singing, which has the advantage of occupying a great number of persons at a time. It is principally in asylums, designed for the higher classes, that music offers great resources; it is for the women, the most agreeable and useful employment, and serves to afford as much pleasure to those who listen as to those who execute.

Theatricals.—In the establishments of Charenton, Aversa, and Sonnenstein, they have heretofore—and it is a singular idea—had theatrical plays by the insane, and according to Reil (1) and to Schweigger (2,) nothing better attracts the attention of the patients or produces a happier impression, especially if the pieces are composed so as to throw ridicule upon their delirious ideas. We think with Esquirol (3,) Nostiz (4,) Frank (5,) Roller (6,) and Guislain (7,) that these plays result in evil rather than good, and it is better to renounce them entirely. As to the taking patients to the theatres in the cities, it should be done only in a few exceptional cases, and should not be ranked among the habitual recreations of the insane in general.

(1) *Rhapsodien*, p. 246. (2) *Ueber kranken und armen Anstalten zu Paris*, etc., p. 11 a 15 et 19 a 27. (3) *Art. Folie*, p. 228. (4) *Ouvr. cite*, p. 340, 342. (5) *Præcepta*, p. 694. (6) *Ouvr. cite*, p. 206. (7) *Ouvr. cite*, p. 277.

Certain games which require combinations, as cards, chess and checkers, are useful to occupy and divert some of the insane, on condition they are not pursued for too long a time.

Intellectual pursuits are useful as means of diversion in the same manner as physical occupations, and in America (1,) they are almost the only ones to which they have recourse; but they require much circumspection in their application. Occupations which may too much fatigue the mind or confirm its delirious ideas, should be avoided: the study of natural history, the living languages, music and drawing should have the preference. To these can be joined reading aloud from works selected with care, a method which has been extensively practiced in the new asylums in the United States.

Schools and Reunions.—Schools and the assembling the insane together, are the happiest application of intellectual occupations. In making the insane learn in common reading, writing, drawing, music, and pieces selected from the best authors, their attention is fixed, in a manner prolonged, constant, upon objects real, positive, and entirely opposed to their insanity: instead of occupying each one separately without any other motive to stimulate their exertions, than the interest they may take in the object of their study; in so uniting them, that they may exhibit to their companions the fruit of their efforts, they are made more attentive, their zeal is augmented by rendering the object to be obtained attractive, and their emulation excited by the presence of the physician, and company more or less numerous. The patients who listen derive some advantages; they are encouraged by the example of their companions, exercise a greater self-control, in order to repress the ebullitions of madness in

(1) Ray, *ouvr. cite*, p. 361.

the presence of those who surround them, and dwell less on their false ideas in seeing or hearing things which occupy their attention.

Reunions, then, have the advantage of producing general diversion, occupy all the insane at the same time, and make them contribute to their mutual recovery.

In the presence of a large number of patients, the physician may exert a stronger influence upon an individual than when alone with him; a sign, a word, an encouragement given publicly has a happier effect, and a reprimand need not be so severe, and still be more efficacious. Reunions, in bringing the patients frequently together, forces them to be more social, and enlivens and strengthens the affective faculties, so often changed in insanity. Schools and reunions are not less useful to maintain order in the establishment by the habit which the patients contract by submission to common rule. The physician, in seeing the insane for a longer time, and under new aspects, can observe some manifestations which otherwise might not be produced, or, perhaps, passed unperceived, and may find it the best occasion for introducing into the mind and heart of the patients the dispositions and feelings which he judges to be the most expedient.

In admitting, even, that schools and reunions do not directly tend to recovery, do they not at least make the hours pass more agreeably to these unfortunates, break the monotony of their existence, and give them an occupation which may serve to divert their minds from painful thoughts?

In conclusion, reunions, in habituating the insane to constant obedience, to self-control, and in multiplying the connections between them, augment their social feelings, the authority of the physician, the order of the es-

tablishment, facilitate individual treatment, and constitute one of the best means for putting into practice the principle of *diversion au delire*, a fundamental principle in the treatment of mental maladies.

The reunion of the patients of both sexes, at small sociables on different occasions, with the families of the physicians, might also be productive of good results, provided the patients are selected with care, and attentively watched. It favors sociability, for which the insane have naturally but little inclination, notwithstanding the assertion by Nostitz (1), and Gœrgen (2), who pretend that the analogy and identity of their fate attaches them to each other; again, the bringing together the insane of both sexes, may have the greatest influence upon the cure of certain forms of mental maladies, and it is not without reason that Rush (3), recommends the society of women to hypochondriacs, and to the melancholy; he also would have, in establishments for the insane, certain patients taken care of by persons of a different sex.

Restraint and Seclusion.—Hitherto, owing to fear and prejudice, the most barbarous restrictions have been employed in regard to the insane; they have been loaded with chains, confined to the most horrible dungeons, where their food has been carried to them as if they were plague-smitten, and not to be approached. All this only tends to augment their violence, and excite their evil propensities. To the illustrious Pinel the glory belongs of having broken the chains of these unfortunates, and of substituting the law of kindness and gentleness for that of force, violence and intimidation; unhappily, his example has not been always followed, especially in foreign countries. Always afraid of

(1) Ouvr. cite, t. 1, p. 200 et 338. (2) Private Heilanstalt, etc., p. 18 a 20.

(3) Traduction allemande, p. 94.

the injuries which the insane might inflict on each other, when brought into contact, those who have had the care of them, have invented a thousand methods designed to repress and subdue their evil propensities. Thus have appeared successively,

As Mechanical Means—For the arms, gloves without fingers, invented by Parkmann (1;) the leather belt by Reil (2,) the belt and manacles by Haslam (3,) the muff and sleeves of Knight (4,) the belt used at the Retreat near York (5,) for the legs, the straps of Reil (6;) the manacles (*Fusschellen*) by Ruer (7;) the buckled straps of Nostitz (8,) the long pantaloons (*Beinkleider*) of Reil (9,) the sack with a separation in the middle (10,) the pantaloons sewed just to the knee by Neumann (11,) for the mouth, the leathern mask invented by Autenreith (12,) and the pear shaped frame (*Birne*;) for the entire body, the sack (13,) the wicker basket of Charenton (14,) the strong cradle (15,) the suspended box by Hayner (16,) the cord by Horn (*das Stohen am Taue*) (17,) the restraining chair (18).

As General Means.—The chamber of Autenreith (19,) the dark room, the padded room, the rotary machine of Darwin, the suspended chair by Cox (20,) the suspended mat by Hallaran (21,) the hollow wheel (*hohle rad*) by Hayner (22,) the swing by Chiaruggi, the douche, and the surprise bath.

The simple enumeration of all these means of seclu-

(1) Journal de Nasse, p. 413; 1810. (2) Rhapsodien. p. 385. (3) Esquirol, art. Maisons d'alienes, p. 88. (4) Traduction d'Engelken, p. 89 a 91.—(5) Tuke, ouvr. cite, p. 226. (6) Fieberlehre, p. 460. (7) Journal de Nasse, p. 80. (8) Nostitz und Jaenckendorf, ouvr. cite, p. 387. (9) Fieberlehre, 460. (10) Horn, ouvr. cite, 241. (11) Neumann, die Krankheiten, etc., p. 254. (12) Autenrieth, Ueber die in Klinikum zu Tubingen, p. 223. (13) Horn, ouvr. cite, p. 227. (14) Guislain, ouvr. cite, t. 2, p. 263. (15) Neumann, ouvr. cite, p. 250. (16) Journal de Nasse, p. 350; 1813. (17) Horn, ouvr. cite, p. 239. (18) Reil, Fieberlehre, p. 459. (19) Autenrieth, ouvr. cite, p. 212. (20) Cox, trad. allemande de Reil, p. 153. (21) Guislain, ouvr. cite, 376. (22) Journal de Nasse, p. 339.

sion and restraint, suffices to fill one with horror; but we ought to say, for the honor of our age and country, that the greater part of these means are banished at the present day from French establishments, and that some of them even have never existed there; the only ones in use are the camisole for the arms, the clogs (*entraves*) for the feet, and the restraining chair for the body. In England, especially during later years, a great relaxation is visible in the means employed for restriction, and it is in repelling this abuse that the famous system has been brought about of *non-restraint*, which, applied for the first time in 1838, in the asylum in Lincoln, by Dr. Charlesworth, and in 1839 at Hanwell, by Dr. Conolly, is extended, thanks to the persevering efforts of these learned physicians, to a great number of asylums; at Northampton, Suffolk, Gloucester, Lancaster, Ipswich, Worcester, in England; in those of Montrose, Dundee, Dumfries, in part to those of Edinburgh and Glasgow in Scotland; to Belfast and Clonmel in Ireland.

This system, which is regarded as Utopian by some physicians, has been subjected by others to very grave reproaches; it is pretended that *non-restraint* is but another mode of repression still more painful to the patient than the camisole, chair and clogs, without affording so satisfactory a result as to security, and that it is productive of serious disturbances and accidents. It has been alleged that it does not permit out-door exercise; that restraint by the hands of attendants and the seclusion, are more calculated to irritate, and not so easily applied as mechanical means. As for us, without pronouncing formally in favor of the system of *non-restraint*, we can not forbear to render homage to the philanthropic thought which dictated it, and to the talented men who have propagated, and so well realized the system. Al-

though they may not have achieved complete success, they have rendered immense service to the cause of the insane, by putting a stop to the terrible treatment of which this unhappy class were the objects, in a country where the means of restraint have been for so long a time most abusively employed.

Experience has demonstrated at the present day, that, as a direct result of the diminution of the means of severity and constraint, the class of violent insane has decreased, that the number of the violent at first estimated by Pinel, at from twenty to thirty in one hundred in Europe, is now but five or six at the most in one hundred.

If there are still so great a number in America (1,) it is without doubt owing to the abuse of means of restraint, and to the fact that the insane are still confined in cells, and deprived of courts where they can walk and exercise. We do not see at the present day, cases of extreme fury without remission; it is because benevolence and kindness, sympathy and persuasion, exert more control over the minds of the insane than severity and restraint; they induce confidence and reflection; they animate the mind, act upon the more elevated sentiments, become the source of better resolutions, and the cause of all improvement. In the government of asylums those who have recourse to violence and brutal force, give evidence of their utter moral inability; they degrade the dignity of man, they give birth to the lowest instincts, stifle the noblest sentiments, and deserve rather to be treated as dangerous insane, than to be intrusted with their government.

In proscribing general means of restraint in regard to the insane, we acknowledge that there are certain cases, very rare it is true, where it is necessary to employ

(1) Ray, *journal cite*, p. 342.

particular methods to prevent them from injuring themselves and others. Some patients, have a consciousness of an approaching paroxysm, and request to be restrained from doing harm; others tear and break whatever surrounds them, take off their clothing incessantly, knock their heads against the walls, and against trees, and seek in every possible way to kill themselves. In these different cases, which, I do not hesitate to say, are exceedingly rare in well organized establishments, and which may not ever occur, we have to choose among the mechanical means, the camisole, restraining chair and clogs, and among the general means, the padded and dark rooms, which constitute a part of the system of non-restraint, and courts in the open air, which we have proposed as annexed to the division for the violent, and where the patients can be completely isolated; and enjoy at the same time the benefits of fresh air. Whatever may be the means employed, they should be but momentary, and cease as soon as the paroxysm is passed, and they are no longer demanded by an imperious necessity.

Rewards and Punishments.—The idea of rewards and punishments does not seem, at first sight, applicable to the insane, because it presupposes moral liberty, which they do not possess; but, if they are not responsible for their actions, their malady has not effaced all traces of human nature, and they are still susceptible, like children, of exercising a certain control over themselves.

In rewarding and punishing them, it is not done so much in reference to the past, as to the future; it prevents the recurrence of the same faults, disposes them to reflection, and thus contributes powerfully to their recovery.

In a well organized establishment the scale of rewards

and punishments should be very comprehensive, and generally the most inferior degrees should be employed, reserving always for exceptional cases, the possibility of ascending gradually in the scale.

Every thing can become means of reward in an asylum. It is necessary to study with care the diversity of character and taste among the patients, in order to award to them the most agreeable recompense, and the one productive of the best results: thus, for some this would be an article of food, not a part of the habitual diet; for others tobacco, greater liberty, a more comfortable habitation, a change of division, better clothes, certain favors, particular books to read, certain amusements, walks, a little money; but in regard to this last species of recompense, great circumspection should be exercised, because the patient can abuse it, to bribe the domestics, and to facilitate means of escape; however, this is not sufficient reason for dispensing entirely with this mode of action, which can exert a great influence upon patients of the poorer class, and which may prove useful, not only during their residence in the asylum, but also after they are discharged.

In admitting the principle of punishment towards the insane, we can not too strongly condemn its abuse, and repel, with indignation, corporeal chastisements, such as blows with a leathern thong, slaps, the use of switches, put into practice by some physicians, with reference to a therapeutic end, among them Reil and Heinroth. The physician alone has a right to inflict the punishment; he ought to assign his motives to the patient, make him comprehend that to his great regret he is forced to it, that he may preserve the order of the establishment, and promote his recovery; but it is better he should be absent during its execution; he should appear only to lessen its

severity, or make it cease completely, if the patient promises to make an effort not to commit again the same faults.

Often, even, the physician should feign not to see certain acts, rather than to punish them. All the means employed for restraint and seclusion, can serve as ways of punishment; but we believe generally they should be avoided; where is the necessity of employing rigorous methods, when a single severe word, a menace, a change of division, suffices to act more powerfully upon the minds of the greater part of the insane, and to warn them against the commission of a new fault?

THE PERSONNEL—*the Physician and Superintendent.*—Everything which concerns the insane being intimately connected, all the measures which the administration may take being of a nature to influence the morals of the patients, all the circumstances by which they are surrounded constituting an essential part of the moral treatment, there can not be, in an establishment for them without serious inconvenience, any other authority than that of the physician.

Thus, in leaving to the minister of the interior the right of separating the administrative and medical powers, and of appointing the superintendents and the physicians; the law of 1838, otherwise, taken as a whole, so eminently useful, has, in this respect, been very injurious to asylums for the insane.

Notwithstanding the evil consequences of this separation of power, which has become a source of continued conflict and struggle, the authority has none the less persevered in separating that which admits of no separation, and even lately, we have noticed the appointment of a superintendent over the establishment of Fains, where, hitherto, the two powers had been united in the hands of

the physician. It is with a great deal of pain, that we have seen in a recent decree, which threatens to be so fatal to asylums, that the government not only endorses anew this principle, but even assigns an inferior situation to the physician, in leaving to the prefect the power of appointing him, and reserving all rights to the superintendent.

If all those employed, without exception, are not under the control of the physician in all that concerns the establishment, there can be no unity of purpose, and without unity, it is impossible to establish a durable and beneficial organization; if the persons employed are not convinced of the supreme authority of the physician, if they recognize a rival or superior power, their concurrence will be weak and vacillating, their conduct ever wrong, the order of the establishment constantly compromised; and in the midst of this division of power, the insane will want the direction and advice so indispensable to them, and will find means of evading the prescriptions of the physician or the different regulations, instead of refraining from their propensities, and exercising a salutary control over themselves.

We have only to examine what takes place in French asylums, where the physician is not the superintendent, to be convinced of the necessity of uniting all power in the hands of a superintending physician; the nature of things, still more than individual character, gives rise to continual conflicts and quarrels between the physician and the superintendent, which terminate ordinarily in the removal of one or the other, the same trouble soon to recur with similar results.

In Germany, the two powers are united in the physician, the happy effects of which are continually visible. Why should it not be the same in France? Why

should some asylums still have a superintendent and a physician, while others have already a superintending physician?

It is asserted that if the duties of the principal physician and superintendent are united in the same person, the superintendents are liable to be inferior, or the physicians but little versed in the theory or practice of their art. It is also said that this system may be applicable to small, but would not be for large establishments, because too great an amount of labor would be intrusted to one individual. All these objections are not serious; if one can not be at the same time a good administrator and a good physician, why should the direction of some asylums be entrusted to physicians?

To be consistent, then, it would be necessary to suppress completely superintending physicians. But how do the Germans manage, who have at the head of their establishments physicians so distinguished as Roller, Jacobi, Damerow, Flemming, &c., who are at the same time excellent superintendents?

As to the extent of work, it is easy to remedy this, by giving to the chief physician subordinate auxiliaries; unity of direction is thus left to him, and the difficulty of having his commands executed, removed.

The Attendants.—The persons to whom is confided the care of the patients, are those perhaps who should be selected with the greatest attention. Placed constantly near them, they are not only called upon to prevent their injuring themselves or others, to administer medicines or food as prescribed, to maintain the regularity and order of the house, in making them obey, without, however, seeming to command them; but yet more, they are destined to be the agents of the moral treatment, and for this they should enter into and compre-

hend the ideas and sentiments of the physicians. Their duties are so important, that for the proper discharge of them, they have need of the best qualities of mind and heart. The impossibility of finding such qualities united, in a class of society which has not received the benefits of education, has given the preference, for this employment, to the Sisters of Charity; therefore several of the French establishments have their *personnel* taken from the religious orders.

This system has great advantages; the Sisters have more patience, greater discernment and love of their duties than persons ordinarily employed; they are better instructed and educated, and they can fulfil their duties equally well towards both women and men, and render even greater services in this last division, where the difference of sex gives always a more extensive influence. The only objection that can be made against the introduction of Sisters of Charity into an establishment for the insane, is the fear so often realized, that their mode of organization disposes them rather to follow their own plans and desires, than those of the physician. This inconvenience is demonstrated in all its force in the religious societies of men, which generally have not succeeded so well in asylums for the insane as those of women.

We think with Jacobi (1,) than from mere economical motives, we should not select for attendants those who have suffered judicial condemnation, as has been done for some years at Sonnenstein, and is recommended by the nephew of Pienitz (2,) and Leupoldt (3.)

Whatever may be the opinion of Pinel (4,) Esquirol (5,) and Guislain (6,) who assert that recovered patients

(1) Sammlungen, t. 1, p. 231. (2) Dissert. inaug., p. 24. (3) Ueber wohlfeile, p. 22. (4) Ouvr. cite, p. 226 et 304. (5) Art. Maisons d'aliénés, p. 32. (6) Ouvr. cite, p. 250.

are the most docile and compassionate, and that their example gives courage and confidence to the other insane, we think it is not advisable, as is done in Holland, to select them exclusively for attendants, and that it should be done only as an exception.

In taking attendants for the insane from the ordinary class of domestics, the greatest care should be exercised in their choice. They should be of mature age, and with a strong constitution; those not married are preferable, as there is then nothing to interfere with their duties.

In the French establishments there is only one attendant for ten or twenty patients; while in Germany there is one for eight, and sometimes for five, as at Prague. In England the proportion is nearly the same as in France; but it is to be remarked that the attendants have only to watch over the patients, and that they have other domestics for household duties. This system, which has some advantages, and among others the power of selecting, to watch over the patients, attendants more elevated and better qualified for their duties, because they are not obliged to fulfil the ordinary functions of servants, has the disadvantage of taking away all responsibility from those who, by their continual presence near the insane, should have the greatest part.

We cannot too strongly object to the economy, which sometimes diminishes beyond measure the attendants; thus, at Salpêtrière, instead of having a servant woman for ten patients, as the regulations require, they have hardly one for seventeen or eighteen patients.

The salary of those employed to take care of the insane, should be nearly the same in each country as that of ordinary domestics, and we cannot blame too much, the parsimony of the administration of hospitals, which,

in such a large city as Paris, where everything is dearer than in the rest of France, pays to the servants of the Salpêtrière but the small sum of from ten to twelve and a half francs a month. The wages should be increased according to the continuance of service, and the conduct of the domestics.

Burrows (1,) and Haslam (2,) have proposed to establish in each institution a fund upon which each attendant should have an annual claim; the value of which should be in proportion to the length of their services, or the seriousness of the injuries they may have received in the establishment. In Germany, they award a pension to the old servants, and to those who are infirm, in consequence of their services; we should like to see this example followed in France, and some amelioration produced in the fate of attendants, who have so great importance in asylums, and who have been hitherto so neglected.

We highly approve of the idea expressed by Roller (3,) and M. Brierre de Boismont (4,) of forming an institution to instruct the attendants designed for the care of the insane; this idea has been applied at Marsburg, according to Ruer (5,) and in another place in Germany, according to Horn (6.) In France, the celebrated Chaptal, in 1810 devoted a sum of 12,000 francs a year, to erect an institution for this purpose, and he had placed at its head Madam Deleau, Superior of the Sisters of Charity; it would be desirable to revive this idea.

Supervisors.—As intermediate between the domestics and physicians, there should be persons employed to exercise a general supervision over domestics and patients,

(1) An inquiry, etc., p. 265. (2) Considerations on the moral management, p. 124. (3) Ouvr. cite. p. 305. (4) Ouvr. cite. p. 75. (5) Journal de Nasse, p. 77; 1819. (6) Öffentliche, etc.

to direct them in their occupations and their work, and to inform the physician of all that regards them. Their selection is very important; if they are intelligent, kind, humane, anxious for the welfare of the patients, just to the domestics, they are invaluable auxiliaries; they can prevent a great deal of abuse and irregularity, and contribute powerfully to the good order of the asylum, and the success of treatment. There should be one for each division, and they should constantly inspect the different sections which compose their division.

For these places, no inconvenience would result, as in the case of domestics, from the selection of married persons, and even the husband and wife can be employed in the establishment; it secures their stay in the asylum, prevents the desire for change, always to be regretted, and often calamitous, where they discharge duties so important. In England, the chief supervisor has received the name of Matron, and plays a very important part in the establishment; the daughter of the celebrated Haslam, first created and fulfilled the duties of this situation.

A precept which the supervisors and the attendants should never forget in their intercourse with the insane, is never to dispute with them; silence can not be too strongly recommended; it is necessary *to act*, and *to speak little*.

Independently of the superintending physician, the the steward, and the various attendants and servants charged with the supervision of the patients, the *personnel* of a well organized establishment should be composed of one or more assistant physicians, according to its extent; and finally, servants of all kinds, for cooking, washing, ironing, &c., for which, some of the patients can often be employed as auxiliaries. But should an asylum, also, have a Chaplain? This is the case in many asy-

lums, principally in Germany, where, in consequence of patients belonging to different religions, the establishment employs even a catholic priest, and a protestant clergyman. The physicians, who consider the introduction of a priest in an asylum as more injurious than useful to the insane, have naturally concluded that the curate of the neighboring village, suffices perfectly for the small number of patients who may have need of religious aid. As for us, to the contrary, we think that, provided the priest submits himself to the medical authority, and that he acts in conformity with the advice of the physician, his presence in an asylum is not only a religious benefit to the patients, but may often prove a powerful auxiliary for their treatment.

CONCLUSION.

In exposing the details of the interior organization of establishments for the insane, we have confined ourselves mostly to the part of a narrator, and have only indicated the principles which should govern the physician; we have preferred to reserve to the end of this work the general reflections, which will serve as the natural conclusion of our subject.

An establishment for the insane, we have said with Esquirol, is an instrument of cure; in the hands of a skilful physician, it is the most powerful therapeutic agent against mental maladies.

How can an asylum become a means of cure applicable to all the various forms of madness? To comprehend the action, it is necessary to show, first, that in insanity there are general characteristics upon which rest

general therapeutic indications, and then prove that a well organized establishment answers these indications.

The insane person, whatever he may be, is entirely under the influence of his insanity; egotistical, preoccupied with himself, without social feelings, he exhausts all his activity in *meditation*, or in the various manifestations of his mental condition by words or actions; he is capricious, wilful, and abandons himself to the workings of imagination, and to the impulses of his propensities. This indicates the necessity of moderating this morbid activity by repose, of directing it upon external objects, and those foreign to the delirium, and analogous to those which should interest reasonable men, of placing the patient in contact with others in a similar condition, of favoring interior reaction upon himself in developing in him all the healthy tendencies, and of subjecting him to rules and restraints, which in diminishing his diseased manifestations, take away whatever ministers to his delirium.

Without speaking of isolation, these establishments for the insane, as they are at present organized, respond to all these indications by means of *life in common*, of a system of *rules, work*, and of classification.

To unite the insane with each other, is in effect to act against their natural tendency to concentrate their thoughts on themselves, and to develop within them the sentiment of sociability; to force them to observe by the influence of the example of other patients; to induce by the sight of their companions in misfortune a favorable reaction upon themselves, upon their past, and present condition.

To subject them to a uniform and constant rule, is to prevent their abandoning themselves to all the errors and morbid fancies of their malady; to habituate them to

obedience and submission ; to force them to refrain from their caprices, and to exercise control over themselves.

To furnish them with occupations according to their individual condition, their aptitudes, and their tastes, is to direct their faculties concentrated on themselves, upon external objects foreign to their delirium, upon objects analagous to those which interest man in his normal state : it is not only to break the monotony of their existence, but to exercise the most favorable influence upon the direction of their ideas and sentiments, and prevents them from conducting themselves in an irregular or disorderly manner.

Finally, to class them in the interior of asylums, in separating the patients who exercise an injurious influence upon each other, is to evade the inconveniences which may result from *life in common*, and increases greatly its advantages.

These different modes of action, all united at the present day in a well-organized asylum for the insane, might appear at first sight purely administrative, and often pass unperceived ; but they have a higher influence, in that they never cease for an instant, act continually upon the mind of the patient, though without his knowledge, and surround him as with a medical atmosphere in the midst of which he is constrained to think and act ; it is therefore a valuable advantage in a malady as chronic as mental allienation, and which requires therapeutic means of which the persistent action responds to the long duration of the malady itself.

The application of these principles to establishments for the insane has completely metamorphosed them ; instead of seeing as formerly vociferous, furious patients, chained in infectious cells, or mingled indiscriminately together, abandoned to idleness, and giving themselves

up without control to the most disorderly actions, one is struck, in entering an establishment, with the order which reigns there, with the appearance of tranquillity and of sanity in the inmates, and it is impossible not to be convinced that an immense result has been obtained in the amelioration of their fate. But is this therefore the ideal of perfection, and should it be imagined that because order exists in an asylum, because an invariable rule is established, and the patients are furnished with occupation, that all has been done for the insane that is possible to accomplish? Should it be believed that the general treatment even has received all the applications of which it is susceptible? that there are not still other conditions to fulfil to approach nearer a treatment, if not entirely individual, at least, less general?

To regulate the external life of the insane, to subject them to a uniform rule, to provide them with occupation; this is to do for them, only what is done for children in schools, for soldiers in regiments; it is to give to men a common and decent appearance, more than to modify them in reality; it is to suppress manifestations more than the internal cause of these manifestations; it is to render the insane quiet rather than to transform them; it is to efface individuality, by means of an external, conventional type, but not to destroy it, and often after being thus momentarily disguised, it reappears as soon as this common level has ceased to weigh upon it. This then is to obtain a modification more superficial than profound, more apparent than real: the influence exists, it is even powerful, but it is far from having the importance which has been accorded to it.

There are, however, two catagories of patients to establish under this connection: 1st. the patients whose

morbid ideas and sentiments are kept up in such a way by manifestations, that to suppress these latter, is to take from them their principal aliment: 2nd. those whose diseased tendencies and ideas have sufficient force in themselves to lose none of their energy, even when their manifestations are suppressed. One conceives from this that if, towards the patients of the first class, the general methods may have a great influence, they are altogether insufficient for those of the second class, towards whom it is necessary to have recourse to more energetic means.

Another disadvantage of the actual mode of action provided in asylums is, that it is too uniformly applied to all the insane, and does not take sufficiently into consideration the essential differences which separate them from each other. If the quiet and violent are placed in external conditions but slightly varying from each other, these conditions have been thus far altogether administrative, and no medical idea whatever enters into them.

In acknowledging the benefits of existing asylums, in connection with the general treatment, we think, then, the way to extend their usefulness and to make a true progress, would be not to stop at these general principles, but to seek to establish among the insane particular classes, and to place them in special conditions in regard to locality, buildings and occupations. Then, the construction and organization of asylums, instead of being governed principally by administrative principles, would be safely guided by medical motives: from this would result naturally the suppression of large dormitories, of large work-shops, of large courts, which have the serious disadvantage of mingling together the insane who differ the most from each other; from this, also, would result a true medical classification, which, instead of separat-

ing them, as at present, because they may mutually annoy and injure each other, would be to unite them according to the useful action they may exert upon each other.

This would be a real mutual treatment. Instead of being limited to merely bringing their persons together in order to awaken social feelings, as is done at present, then would we really draw their minds together by certain points of contact, which might determine towards the various patients a favorable reaction. This system of classification which would multiply the small sections, would require, without doubt, a more numerous *personnel*; and as a consequence, would be more burdensome for the administration; but how could one hesitate between so small additional expense and a real progress in the treatment of mental maladies?

We have wished to indicate here in passing, the defects which seem to us to exist in the actual organization of asylums, in regard to treatment; we have wished to show that the treatment was too general, and not enough in accordance with the different classes of insane; we have said that it has been thought sufficient often to combat external manifestations, instead of seeking to reach the internal condition; to limit oneself to separate the patients in so far that they may not injure each other, instead of uniting them with a view to their cure.

Without doubt, these are insufficient indications; longer developments would be necessary to make all that is wanting felt, and a deeper and more careful study of insanity, and practical experiments would be necessary to discover the means for realizing them; but I have thought that it would not be useless to point out here these principles which seem to me destined to make a therapeutic progress in the *medical centre*, which an asylum for the insane may be called.

To apply them, it would be necessary to experiment empirically, as ordinary physicians do for the various agents in the *materia medica*. This is that rational empiricism which is still wanting, and yet unsanctioned in the greater part of the moral means employed in reference to the insane ; these means seem to be more often the result of simple physiological analogies, and to rest rather upon the errors, the passions, or the various conditions of a man of sane mind, than upon pathological observations and medical experiments.

S U M M A R Y .

The year, for which (on the death of Dr. Brigham) I engaged to edit this Journal, has extended to four years. I do not regret this, as I have become better acquainted with the virtues and talents and labors of a class of men, who although highly appreciated, are still not receiving that consideration which their eminent services, as philanthropists, deserve. Admonished by advancing age and more imperative avocations, I leave the situation with many thanks to the contributors, and with a full assurance that the "*American*" Journal of Insanity will continue to be edited in a manner worthy of its name. T. R. B.

Philadelphia Journal of Prison Discipline and Philanthropy, Vol. 9, No. 1.—Preparatory to leaving the editorial chair, which we have occupied, through good and evil report, for four years, we perform a most pleasant duty in recommending the Journal, whose title is at the head of this article, to the notice of the real "wishers for good" in the United States. We do not desire to be considered as decided believers in what by distinction is called the "Auburn" or the "Philadelphia" systems. We have had but little time to study out the details of each, but we know from personal acquaintance or other intercourse with the principal men engaged in this Journal, that they are true hearted, liberal minded and devoting their best days to the amelioration of human sorrow and misery, and that the only recompense they seek is to uplift degraded human nature from the depths of sin. Verily, even in this neglectful and iron age, they should have their reward. EDITOR.

Ninth Annual Meeting of the Association of Medical Superintendents.—The ninth annual meeting of the "Association of Medical Superintendents of American Institutions for the Insane," will be held at the Smithsonian Institute in Washington, D. C., on Tuesday, May 9th, at 10 o'clock A. M.

On Epilepsy in its connexion with Insanity, considered in a Medico-legal view.—Dr. De Castelnau, in a memoir read before the Academy of Gard, after an experience of 27 years, with 1,200 epileptics, is convinced that this epilepsy is a cause of insanity. We confine ourselves to his general deductions.

That epilepsy leads to insanity, and most commonly from a lesion of the affective faculties. During a period of more or less length, before, and especially after, an attack, they lose the entire freedom of their intellectual faculties. Juries, Magistrates and civil officers should ascertain the mental condition of all epileptics brought before them. The government should take measures to prevent their doing injury to society, to their families and themselves. Epileptics acquitted, or not prosecuted, should be secured in special asylums, as persons who may prove dangerous. *Gazette Medicale. De Paris. Dec. 17, 1853.*

The Journal of Psychological Medicine and Mental Pathology. Edited by Forbes Winslow, M. D., D. C. L., No. 25, January, 1854.—The contents of this number, are as usual, important and interesting. They are arranged as follows.

1. Modern Demonology and Divination, an appeal against the paganism of spirit rappings, &c.
2. Notice of Noble's Elements of Psychological Medicine.
3. Hygiene of Crime.
4. Falret on General Paralysis of the Insane.
5. Logic and Psychology.
6. Review of Dendy on the Birth and pilgrimage of Thought.
7. The Manchester Royal Lunatic Hospital.
8. Review of Professor Valentine's Text Book of Physiology.
9. Lettsomian Lecture, No. 1. By Forbes Winslow, M. D., on the Psychological Vocation of the Physician.
10. Dr. Charlesworth and Mr. Gardiner Hill on the non-restraint system of Treatment in Lunacy, with other papers, original and selected.

The Editor promises sundry selections from this Journal in his next number.

Michigan State Hospital for the Insane.—Dr. John P. Gray, now Acting Superintendent of the New York State Lunatic Asylum, was appointed Superintendent of the Michigan State Hospital for the Insane, at Kalamazoo, on the 14th of January last. We are, however, happy to understand that he will remain for some time longer in his present situation.

The October No. (1853) of the Journal, contains a brief account of the establishment of this Hospital, with the action of the Board of Trustees up to that time. It is highly gratifying to add, that the Board have continued to act with a wise regard for the future, by early appointing a medical head practically acquainted with the wants and requirements of such an institution, and qualified to advise and direct in its construction. The building will be commenced this spring. We commend this judicious course, as the one most likely to ensure the erection of a model asylum. Michigan, though young, has thus set an example which many of our older States would do well to follow.

Tennessee Asylum.—Dr. Wm. S. Chipley, of Lexington, has been appointed to the Professorship of Theory and Practice in the Medical Department of Transylvania, in place of Prof. Annan, who has received the appointment of Superintendent of the Lunatic Asylum at Hopkingsville.—*Nashville Journal of Medicine and Surgery.*

American Journal of Insanity.—We are happy to state that the next number of this Journal will appear at the regular period, in new type, and on a better paper than before. Communications from Dr. Kirkbride and others are already in type.

We repeat the wish, constantly reprinted on the cover, that if any extraordinary charges are made on the "*American Journal of Insanity*," at Foreign Custom Houses, we may be informed of the same, *by letter.*





